

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 29, 2007
Secretary of State**

DOCUMENT# 687060

Entity Name: ANALOG MODULES, INC.

Current Principal Place of Business:

126 BAYWOOD AVE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

3000 TAFT STREET
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 59-2074349 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICTOR, MENDELSON H ESQ.
3000 TAFT STREET
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VC () Delete
Name: MENDELSON, VICTOR
Address: 3000 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: P () Delete
Name: CRAWFORD, IAN D
Address: 126 BAYWOOD AVE
City-St-Zip: LONGWOOD, FL 32750

Title: DT () Delete
Name: IRWIN, THOMAS S
Address: 3000 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: S () Delete
Name: VETTER, JUDITH W
Address: 3000 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: AS () Delete
Name: LETENDRE, ELIZABETH R
Address: 3000 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPHR () Change (X) Addition
Name: HEWITT, KATHY
Address: 126 BAYWOOD AVE.
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS S. IRWIN

DT

05/29/2007

Electronic Signature of Signing Officer or Director

_____ Date