2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001390

Entity Name: ALLTEC CORPORATION

Address:

City-St-Zip:

110 CATALYST DR

CANTON, NC 28716

FILED Jul 12, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 110 CATALYST DR CANTON, NC 28716 **Current Mailing Address: New Mailing Address:** 110 CATALYST DR CANTON, NC 28716 FEI Number: 56-1906153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WIGGS, KORI WIGGS, KORI 1910 DREW ST 2540 SOUTHPOINTE DRIVE CLEARWATER, FL 33765 US DUNEDIN, FL 34698 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: KORI WIGGS 07/12/2006 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BEAN, CHRISTOPHER Name: Name: 110 CATALYST DR Address: Address: City-St-Zip: CANTON, NC 28716 City-St-Zip: Title: W Title: () Change () Addition (X) Delete Name: BEAN, ERIC Name: 110 CATALYST DR Address: Address: CANTON, NC 28716 City-St-Zip: City-St-Zip: Title: Title: DT (X) Delete () Change () Addition NEFF, JOHN Name: Name: 110 CATALYST DR Address: Address: City-St-Zip: CANTON, NC 28716 City-St-Zip: Title: DS (X) Delete Title: () Change () Addition BEAN, BARBARA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER BEAN OWNE 07/12/2006