

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F02000002749

Entity Name: ALTI-2, INC.

FILED
May 21, 2007
Secretary of State**Current Principal Place of Business:**1400 FLIGHTLINE BLVD., STE. E
DELAND, FL 32724**New Principal Place of Business:****Current Mailing Address:**1400 FLIGHTLINE BLVD., STE. E
DELAND, FL 32724**New Mailing Address:**

FEI Number: 38-3481555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:GRIX, KATHLEEN M
1400 FLIGHTLINE BLVD., STE. E
DELAND, FL 32724 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: FD () Delete
Name: GRIX, KATHLEEN M
Address: 1400 FLIGHTLINE BLVD., STE. E
City-St-Zip: DELAND, FL 32724Title: CP () Delete
Name: ROGER, ALLEN
Address: 1400 FLIGHTLINE BLVD., STE 3
City-St-Zip: DELAND, FL 32724**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: VPST (X) Change () Addition
Name: GRIX, KATHLEEN M
Address: 1400 FLIGHTLINE BLVD., STE. E
City-St-Zip: DELAND, FL 32724Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ASTRID DE PARRY, ESQUIRE

A

05/21/2007

Electronic Signature of Signing Officer or Director

Date