FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91492 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094145

1. Entity Name
ACTEL CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
1529 YELLOWHEART WAY HOLLYWOOD, FL 33019	1529 YELLOWHEART WAY HOLLYWOOD, FL 33019

2. Principal Place of Business	3. Mailing Address
2297 NW 77th Terrace	2297 NW 77th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: pembroke pines FL.	City & State: pembroke pines FL.
Zip: 33024 Country: U.S.A	Zip: 33024 Country: U.S.A

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1046394 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AKKOYUNLU, ATILLA 1529 YELLOWHEART WAY HOLLYWOOD, FL 33019	Name: AKKOYUNLU, ATILLA Street Address (P.O. Box Number Is Not Acceptable): 2297 NW 77th Terrace City: pembroke pines FL Zip Code: 33024

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 04/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete AKKOYUNLU, ATILLA 1529 YELLOWHEART WAY HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ☒ Change ☐ Addition AKKOYUNLU, ATILLA 2297 NW 77th Terrace pembroke pines FL. 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/23/2003 954-966-0124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #