

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000080602

Entity Name: ALTELICON, INC.

FILED
Jul 30, 2007
Secretary of State

Current Principal Place of Business:

4801 LINTON BLVD, STE 11A-646
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

4801 LINTON BLVD, STE 11A-646
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 20-0105406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PSTD () Delete
Name: ROTH, SHARON H
Address: 4801 LINTON BLVD, STE 11A-646
City-St-Zip: DELRAY BEACH, FL 33445

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CASELDEN, EDWARD
Address: 4801 LINTON BLVD, STE 11A-646
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP () Change (X) Addition
Name: GORDON, DAVID
Address: 4801 LINTON BLVD, STE 11A-646
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: CFO () Change (X) Addition
Name: WALTER, GEORGE
Address: 4801 LINTON BLVD, STE 11A-646
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: COO () Change (X) Addition
Name: WORONKO, BIGNIEW
Address: 4801 LINTON BLVD, STE 11A-646
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: VP () Change (X) Addition
Name: NEWHALL, KRISTIN
Address: 4801 LINTON BLVD, STE 11A-646
City-St-Zip: DELRAY BEACH, FL 33445 US

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: EDWARD CASELDEN

P

07/30/2007

Electronic Signature of Signing Officer or Director

Date