2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 21, 2007
Secretary of State

DOCUMENT# P05000001230

Entity Name: ALPHA-DELTA ELECTRICAL CONTRACTORS, INC.

Current Principal Place of Business:

5209 S. INDIAN RIVER DR.
FT. PIERCE LUCIE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

5209 S. INDIAN RIVER DR.
FT. PIERCE LUCIE, FL 34982 US

New Mailing Address:

FEI Number: 37-1502903 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOUGDIS, NIKOLAOS
5209 S. INDIAN RIVER DRIVE
FORT PIERCE, FL 34982 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: PD ( ) Delete
Name: MOUGDIS, NIKOLAOS
Address: 5209 S. INDIAN RIVER DR.
City-St-Zip: FT. PIERCE, FL 34982 US

Title: VP ( ) Delete
Name: MOUGDIS, PAMELA T
Address: 5209 S. INDIAN RIVER DR.
City-St-Zip: FT. PIERCE, FL 34982 US

Title: S ( ) Delete
Name: MOUGDIS, NIKOLAOS JR.
Address: 5209 S. INDIAN RIVER DR.
City-St-Zip: FT. PIERCE, FL 34982 US

Title: T (X) Delete
Name: MOUGDIS, MARIANA D
Address: 5209 S. INDIAN RIVER DR.
City-St-Zip: FT. PIERCE, FL 34982 US

Title: T (X) Delete
Name: MOUGDIS, GABRIELLE C
Address: 5209 S. INDIAN RIVER DR.
City-St-Zip: FT. PIERCE, FL 34982 US

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:

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: NIKOLAOS MOUGDIS PD 08/21/2007
Electronic Signature of Signing Officer or Director Date