

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000159330

Entity Name: DIMITRELOS DIGITAL FORENSICS, INC.

FILED
Jan 18, 2007
Secretary of State

Current Principal Place of Business:

3659 CITRUS TRACE
DAVIE, FL 33328

New Principal Place of Business:

6212 SPLIT CREEK LANE
ALEXANDRIA, VA 22312

Current Mailing Address:

3659 CITRUS TRACE
DAVIE, FL 33328

New Mailing Address:

6212 SPLIT CREEK LANE
ALEXANDRIA, VA 22312

FEI Number: 20-3894682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIMITRELOS, KONSTANTINOS
3659 CITRUS TRACE
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

DIMITRELOS, KONSTANTINOS
6212 SPLIT CREEK LANE
ALEXANDRIA, FL 22312 US

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: KONSTANTINOS DIMITRELOS

01/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIMITRELOS, KONSTANTINOS
Address: 3659 CITRUS TRACE
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DIMITRELOS, KONSTANTINOS
Address: 6212 SPLIT CREEK LANE
City-St-Zip: ALEXANDRIA, AL 22312

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.

SIGNATURE: KONSTANTINOS DIMITRELOS

P

01/18/2007

Electronic Signature of Signing Officer or Director

Date