2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000159330

Entity Name: DIMITRELOS DIGITAL FORENSICS, INC

FILED Oct 16, 2007 Secretary of State

Littly Nan	ile. Dilvii i Kel	OS DIGITAL I ORLÍNSICS, INC	O.			
Current Principal Place of Business:				New Principal Place of Business:		
6212 SPLIT CREEK LANE ALEXANDRIA, VA 22312				3659 CITRUS TRACE SUITE #1 DAVIE, FL 33328		
Current Mailing Address:				New Mailing Address:		
6212 SPLIT CREEK LANE ALEXANDRIA, VA 22312				10667 CASHIERS COURT DAPHNE, AL 36526		
FEI Number: 20-3894682 FEI Number Applied For () FEI Num			mber Not Applicable () Certificate of Status Desired (X)			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
DIMITRELOS, KONSTANTINOS 6212 SPLIT CREEK LANE ALEXANDRIA, FL 22312 US				DIMITRELOS, KONSTANTINOS 3659 CITRUS TRACE SUITE #1 DAVIE, FL 33328 US		
The above in the State		ubmits this statement for the p	urpose o	of changing it	ts registered	office or registered agent, or both,
SIGNATURE: KONSTANTINOS DIMITRELOS				10/16/2007		
OFFICERS	S AND DIREC	FORS:		ADDITION	S/CHANGES	S TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P () DIMITRELOS, K 6212 SPLIT CR ALEXANDRIA, A	EEK LANE		Title: Name: Address: City-St-Zip:	DIMITRELOS,	X) Change ()Addition KONSTANTINOS TRACE, SUITE #1 328
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	NEWTON, SH	CY ISLES WAY
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	DIMITRELOS,	UNIVERSITY DRIVE
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	T (BOOS, JENNI 10667 CASHII DAPHNE,, AL	ERS COURT
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	HILL, WENDY	ANA PLACE, SUITE 105
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	GC (HAYES, DANII 2760 DUNLEE LOS ANGELE	ER PLACE

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: KONSTANTINOS DIMITRELOS P 10/16/2007

Electronic Signature of Signing Officer or Director Date