

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 21, 2009  
Secretary of State**

DOCUMENT# P95000005183

Entity Name: ALTRON ELECTRICAL SERVICES, INC.

**Current Principal Place of Business:**

3941 NW 45TH TERR  
LAUDERDALE LAKES, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

3941 NW 45TH TERR  
LAUDERDALE LAKES, FL 33319

**New Mailing Address:**

FEI Number: 65-0547906      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARNES, DONALD J  
3941 NW 45TH TERR  
LAUDERDALE LAKES, FL 33319      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: P      ( ) Delete  
Name: BARNES, DONALD J  
Address: 3941 NW 45TH TERR  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: S      (X) Delete  
Name: BARNES, KATHLEEN  
Address: 3941 NW 45TH TERR  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: VP      ( ) Delete  
Name: CAMPBELL, ASTON VP  
Address: 13114 HELLO DARLIN DRV  
City-St-Zip: GLEN ST MARY, FL 32040 US

Title: D      (X) Delete  
Name: CAMPBELL, LURLINE F D  
Address: 13114 HELLO DARLIN DRV  
City-St-Zip: GLEN ST MARY, FL 32040 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:

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: ASTON CAMPBELL

VP

05/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date