## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000078831

Entity Name: ALTEL SYSTEMS GROUP, INC.

FILED Jun 29, 2005 Secretary of State

Owner A Daire sized Disease & Destination			New Principal Place of Business:			
Current Principal Place of Business:			New Princ	ipai Piace of	Business:	
3014 U.S. H SUITE 800 TAMPA, FL	HIGHWAY 301N . 33619	I.				
Current Mailing Address:			New Mailing Address:			
3014 US HI SUITE 800 TAMPA, FL	GHWAY 301N. . 33619					
FEI Number:	59-3533504	FEI Number Applied For ( )	FEI Number Not Appli	icable ( )	Certificate of Status Desired (X)	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
VITALE, BF 3014 US HI TAMPA, FL	GHWAY 301N.					
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 Age	nt		Date	
		2)(b), F.S., the corporation did not Frust Fund Contribution ( ).	receive the prior notice	e.		
	AND DIRECT	` '	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () E MCAFEE, GERAF 4619 SWORDFIS BRADENTON, FL	SH DR	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () D VITALE, BRUCE 18104 PRINCESS TAMPA, FL 3364		Title: Name: Address: City-St-Zip:	VITALE, BRUC	DOS ISLE DRIVE	
Title: Name: Address: City-St-Zip:	S () E MUSCI, ANDREW 7 SHEPHERD'S W NEW FAIRFIELD	VAY	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () C CATTANEO, STE 303 TAMARACK I BREWSTER, NY	_N	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRUCE VITALE VP 06/29/2005