2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000078831

303 TAMARACK LN

BREWSTER, NY 10509

Address:

City-St-Zip:

Entity Name: ALTEL SYSTEMS GROUP, INC

FILED Jan 05, 2007 Secretary of State

	Merce on	STEINIG GIRGGI , IIVG.				
Current Principal Place of Business:			New Principa	New Principal Place of Business:		
3014 U.S. HIGHWAY 301N. SUITE 800 TAMPA, FL 33619			UNIT A-4	2856 BROADWAY CENTER BLVD UNIT A-4 BRANDON, FL 33510		
Current Mailing Address:			New Mailing A	New Mailing Address:		
3014 US HIGHWAY 301N. SUITE 800 TAMPA, FL 33619			UNIT 4-A	2856 BROADWAY CENTER BLVD UNIT 4-A BRANDON, FL 33510		
FEI Number:	: 59-3533504	FEI Number Applied For ()	FEI Number Not Applicab	le () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Ad	Name and Address of New Registered Agent:		
VITALE, BRUCE VP 3014 US HIGHWAY 301N. TAMPA, FL 33619 US			2856 BROADV UNIT 4-A	VITALE, BRUCE VP 2856 BROADWAY CENTER BLVD. UNIT 4-A BRANDON, FL 33510 US		
	named entity sue of Florida.	ibmits this statement for the pu	urpose of changing its re	egistered office or registered agent, or bot		
SIGNATURE: BRUCE A VITALE				01/05/2007		
	Electronic	Signature of Registered Age	nt	Date		
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P () [MCAFEE, GERAI 4619 SWORDFIS BRADENTON, FL	SH DR	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () [VITALE, BRUCE 10868 BARBADO TAMPA, FL 3364		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S () E MUSCI, ANDREV 7 SHEPHERD'S N	WAY	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name:	T ()[CATTANEO, STE	Delete FAN	Title: Name:	() Change () Addition		

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.

Address:

City-St-Zip:

SIGNATURE: BRUCE A VITALE VP 01/05/2007