


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 03, 2004 8:00 am**  
**Secretary of State**

09-03-2004 90001 009 \*\*\*150.00

**DOCUMENT # P03000042633**

1. Entity Name  
**WIRELESS ANYWHERE INC.**



Principal Place of Business <b>1419 WEST WATERS AVENUE          SUITE 104          TAMPA, FL 33604</b>	Mailing Address <b>1419 WEST WATERS AVENUE          104          TAMPA, FL 33604</b>
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**54071553**



2. Principal Place of Business <b>12937 N Florida Ave</b>	3. Mailing Address <b>27440 Sky Lake circle</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08312004 Chg-P CR2E034 (10/03)

City & State <b>TAMPA, FL</b>	City & State <b>wesley chapel, FL</b>	4. FEI Number <b>770 69 6051</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33612</b> Country <b>USA</b>	Zip <b>33543</b> Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MANSOUR, AHMED R**  
**1419 WEST WATERS AVENUE**  
**104**  
**TAMPA, FL 33604**

**7. Name and Address of New Registered Agent**

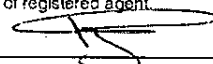
Name **MANSOUR, AHMED R**

Street Address (P.O. Box Number is Not Acceptable)  
**27440 Sky lake circle**

**wesley chapel.**

City **FL** Zip Code **33543**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **AHMED MANSOUR** DATE: **9/1/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

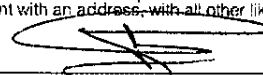
9. Election Campaigns Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MANSOUR, AHMED R</b> <b>1419 WEST WATER AVENUE SUITE#104</b> <b>TAMPA, FL 33604</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MOUSA, YEHIA A</b> <b>1419 WEST WATER AVENUE SUITE#104</b> <b>TAMPA, FL 33604</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>OMER, NAWAL M</b> <b>1419 WEST WATER AVENUE SUITE#104</b> <b>TAMPA, FL 33604</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Yehia Mousa is</b> <b>No Longer in the</b> <b>Board of directors</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>27440 Sky Lake circle</b> <b>wesley chapel, FL 33543</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **AHMED MANSOUR** DATE: **9/1/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR