## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 28, 2008 8:00 am Secretary of State 04-28-2008 90318 046 \*\*\*150.00

DOCUMENT # P07000051587  1. Enlity Name TALK MORE WIRELESS RETAIL, INC.							04-28-2	:008 90318	046 ***	150.00
Principal Place of Business 800 S ANDREWS AVE #202 FT LAUDERDALE, FL 33316			Mailing Address 800 S ANDREWS AVE #202 FT LAUDERDALE, FL 33316			6601236 <b>1</b>				
2. Principal Pt	ace of Busin	ess · No P.O. Box	3. Mailing Address 800 5- Andrews Ave.							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03142008	Chg-P	CR2E0	34 (12/08)	
City & State	1/40	de Nobr F	City & State	Jarjale	Fe	4, FEI Numb	89950	53	<del>_</del>	plied For Applicable
Zip 7 7	2(1	Country	<sup>zio</sup> 33366	Country	<u>.                                     </u>	5. Certificate	of Status Desire	м П	\$8.75 Add	fitional
2-2-	5. Name	and Address of Current R		03/1		7. Name and	Address of Ne			
		INCORPORATED SQUARE BLVD SUIT	P.O. Box Numb	er is Not Accept	able)	,t				
TALLAHASSEE, FL 32301-2960								Λ	202	,
				You For	اب	· March	<del>2003</del>	<u>Flane</u> Fl	Zipeog	2014
The above named entity subconstitution is 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										
signature 420/08										
Signeture, typed or printed nime of registered agent and title if applicable. (INDTE: Pergistered Agent signeture required when renetating) DATE										
FILE NOWILL FEE 3S \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees										
10.	D	OFFICERS AND (		11.	1	ADDITIONS	CHANGES TO	OFFICERS AND		
TITLE NAME	RALPH, J	AMES	☐ Delete	TITLE MAME					☐ Change	☐ Addition
STREET ADDRESS CITY+ST+ZIP		DREWS AVE #202 ERDALE, FL 33316		STREET ADDRESS CITY-ST-ZIP	ļ.					
TITLE			☐ Delete	TITLE					Change	Addition
NAME Street <b>adoress</b>				HAME STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP	ļ		<del></del> _			
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TITLE NAME			☐ Oelete	NAME						
STREET ADDRESS CITY-ST-78P				STREET ADORESS CITY+ST-ZIP						1
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is five 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 trystee enjoying also 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 of the empowered.										
100 05 (051) 32 2297										
SIGNATURE: 4 DO 0 957 JOL 17 1/ SIGNATURE SIGNATURE SIGNATURE OF SIGNAME OF S										