

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000053098</b><br>1. Entity Name<br><b>SKF WIRELESS INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                       |  |
| Principal Place of Business<br><b>17613 NW 61ST COURT NORTH<br/>HIALEAH, FL 33015</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | Mailing Address<br><b>17613 NW 61ST COURT NORTH<br/>HIALEAH, FL 33015</b>                                              |  |
| <i>1150 NW 72 Ave<br/>Suite 555<br/>Miami, FL 33171</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                                                                                                                        |  |
| 4. FEI Number<br><b>20-1053296</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           | Applied For<br><input type="checkbox"/> Not Applicable                                                                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | <b>\$8.75</b> Additional Fee Required                                                                                  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SPIEGEL &amp; UTRERA, P.A.<br/>1840 SW 22ND ST.<br/>4TH FLOOR<br/>MIAMI, FL 33145</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                                                        |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PD                        | 00000053098<br>05/08/06-90096-014 150.00                                                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MUHAMED, NAWAZ            |                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 17613 NW 61ST COURT NORTH |                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | HIALEAH, FL 33015         |                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SD                        |                                                                                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HUSSAIN, SHARON S         |                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 17613 NW 61ST COURT NORTH |                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | HIALEAH, FL 33015         |                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TD                        |                                                                                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HUSSAIN, KARIMA S         |                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 17613 NW 61ST COURT NORTH |                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | HIALEAH, FL 33015         |                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                                                                                        |  |
| 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 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. |                           |                                                                                                                        |  |
| <b>SIGNATURE:</b> <i>NAWAZ MUHAMED</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           | 4-18-06 304-944-7533                                                                                                   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                                                                                        |  |