

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90176 019 ***150.00

DOCUMENT # F02000004963 1. Entity Name CAROLINA CELLULAR SALES INC.			
Principal Place of Business 30 ISLE OF HOPE MOUNT PLEASANT, SC 29464		Mailing Address PO BOX 8700 TALLAHASSEE, FL 32314	
2. Principal Place of Business - No. P.O. Box # 2730 Prosperity Ave Suite, Apt. #, etc. 150		3. Mailing Address PO Box 3509 Suite, Apt. #, etc. 	
City & State Fairfax VA		City & State Matthews NC	
Zip 22031		Zip 28106	
Country USA		Country USA	
4. FEI Number 57-1032183		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTHERN, RADELLE 10300 SOUTHSIDE BLVD., KIOSK #4060 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name CT Corporation Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pineland Rd City Plantation FL 33324	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME JOB, MATTHEW	TITLE Robert Qureshi	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 30 ISLE OF HOPE	CITY-ST-ZIP MOUNT PLEASANT, SC 29464	STREET ADDRESS 2730 Prosperity Ave Suite 150	CITY-ST-ZIP Fairfax VA 22031
TITLE V	NAME JOB, CYNTHIA	TITLE Steven Qureshi	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 30 ISLE OF HOPE	CITY-ST-ZIP MOUNT PLEASANT, SC 29464	STREET ADDRESS 2730 Prosperity Ave Suite 150	CITY-ST-ZIP Fairfax VA 22031
TITLE 	NAME 	TITLE Cindy Weatherman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS PO Box 3509	CITY-ST-ZIP Matthews, NC 28106
TITLE 	NAME 	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	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.			
SIGNATURE:		Sec. 4-28-08 7048140400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	