2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 14, 2005 8:00 am Secretary of State

DOCUMENT # F0400006741 1. Entity Name AIT WIRELESS, INC.				02-14-2005 90047 015 ***158.75		
3612 VENTURA DRIVE EAST 3		Mailing Address 3612 VENTURA DRIVE EAST LAKELAND, FL 33811		40017772		
	ia	. Mailing Address Suite, Apt. #, etc.		01182005 Chg-	P CR2E034	
City & State		City & State		4. FEI Number	1000	Applied For
Zip	Country	Zip .	Country	5. Certificate of Status D		Not Applicable 3.75 Additional e Required
	6. Name and Address of Current Reg	istered Agent		7. Name and Address of		
I F	- · · · ·		Name	. ·		
MCALINDEN, JIM 3612 VENTURA DRIVE EAST LAKELAND, FL 33811			Street Addres	s (P.O. Box Number is Not Ac	ceptable)	
			City		FL	Zip Code
IGNATURE	ons of registered agent. Signature, typed or printed name of registered agent and lit NOW!!! FEE IS \$150.00 y 1, 2005 Fee will be \$550.00	9. Election Campaig Trust Fund Contrib		5.00 May Be	DATE	
0.	OFFICERS AND DIRI	ECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND D	RECTORS IN 11
TLE NAME REET ADDRESS TY-ST-ZIP	CP (CULCULANT EVICE STILL, FRANK JR EVICE 3612 VENTURA DRIVE EAST LAKELAND, FL 33811	31 Philipete	NAME STREET ADDRESS CITY-ST-ZIP			Change Addition
LE						
REET ADDRESS TY-ST-ZIP	VCTS MOARSLE, JOHN 3612 VENTURA DRIVE EAST LAKELAND, EL 33811	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition
TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS	MOARSLE, JOHN 3612 VENTURA DRIVE EAST	Delete	NAME STREET ADDRESS CITY-ST-ZIP	esident mest D F	hillips	Change Addition Change Addition
TY-ST-ZIP TLE AME TREET ADDRESS- ITY-ST-ZIP TLE AME TREET ADDRESS	MCARSLE, JOHN 3612 VENTURA DRIVE EAST LAKELAND, EL 33811 PHILLIPS, ERNEST 3612 VENTURA DRIVE EAST		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 3	mest D t olea leutura ec - Treasur	hillips other own	Change

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 turther 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. Sundra

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

05

☐ Addition