UNICELL	HOLDINGS, INC. FOLG	D60002438					
Principal Plac 725 PRIMER LAKE MARY,	A BLVD., #215 725 PRIMERA BLVD., #21		•		FILEO SECRETARY OF STATE		
DO NOT WRITE IN THIS SPACE				NOT A	01292008 No Chg-P CR2E034 (11/05)  4. FEI Number		
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 200 S. ORANGE AVE., STE. 2600 ORLANDO, FL 32801				DO NOT WRITE IN THIS SPACE			
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  Signature, typed or printed name of registered agent and the respirators.  [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 Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS  TITLE DPS SHARMA, GIRISH STREET ADDRESS CITY-ST-ZIP HEATHROW, FL 32746  TITLE DSVT NAME SHARMA, BRIJ STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765  TITLE D NAME SHARMA, PRAKASH STREET ADDRESS CITY-ST-ZIP BEDFORD PARK, GA S. AFRICA, 2008  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME THE NAME			300119547623 03/06/0801008019 **438.75 DO NOT WRITE IN THIS SPACE				
NAME —— STREET ADDRESS	-			· ··-		• .	

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

(BRI J SHARNA) 02/08/2-108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #