

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K88157

Entity Name: AIR TIME CELLULAR, INC.

FILED  
Apr 20, 2007  
Secretary of State

## Current Principal Place of Business:

4371 NORTHLAKE BLVD.  
#124  
PALM BEACH GARDENS, FL 33410

## New Principal Place of Business:

4461 S.E. FEDERAL HWY.  
STUART, FL 34997

## Current Mailing Address:

4371 NORTHLAKE BLVD.  
#124  
PALM BEACH GARDENS, FL 33410

## New Mailing Address:

4461 S.E. FEDERAL HWY.  
STUART, FL 34997

FEI Number: 65-0158887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAIONE, STEPHANIE  
8343 S. ELIZABETH AVE.  
PALM BEACH GARDENS, FL 33418 US

## Name and Address of New Registered Agent:

MAIONE, ROBERT  
8343 S. ELIZABETH AVE.  
PALM BEACH GARDENS, FL 33418 US

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.

SIGNATURE: ROBERT MAIONE

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MAIONE, STEPHANIE A  
Address: 8343 S ELIZABETH AVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP (X) Delete  
Name: MAIONE, ROBERT V  
Address: 8343 S. ELIZABETH AVE.  
City-St-Zip: PALM BEACH GARDENS, FL 33418

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MAIONE, ROBERT  
Address: 8343 S. ELIZABETH AVE.  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MAIONE

P

04/20/2007

Electronic Signature of Signing Officer or Director

Date