2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 28, 2008 08:00 AN Secretary of State **DOCUMENT # L02000016445** WIRELESS YOUR WAY, L.L.C. Mailing Address Principal Place of Business P.O. BOX 1605 2810 N HWY 77 PANAMA CITY, FL 32402 SUITE A PANAMA CITY, FL 32405 CR2E083 (12/07) 04162008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 77-0634488 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVIS, JAMES W DO NOT WRITE 2810 N HWY 77 IN THIS SPACE SUITE A PANAMA CITY, FL 32405 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 title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. **MGRM** TITLE DAVIS, JAMES W NAME STREET ADDRESS 2810 N HWY 77 SUITE A CITY-ST-ZIP PANAMA CITY, FL 32405 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-S1-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. 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 is rule and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes

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SIGNATURE:

STREET ADDRESS

Manies W. Dav

4-16-05

851-785-2800

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daylime Phone #