

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037340

Entity Name: SSK WIRELESS, LLC

FILED
Jan 07, 2006
Secretary of State

Current Principal Place of Business:

3120 ARROW DR.
KISSIMMEE, FL 34746

New Principal Place of Business:

1104 CYPRESS GARDENS BLVD., SE,
SUITE # C
WINTER HAVEN, FL 33884

Current Mailing Address:

P.O. BOX 22334
LAKE BUENA VISTA, FL 32830

New Mailing Address:

P.O. BOX 22334
LAKE BUENA VISTA, FL 32830 US

FEI Number: 20-3736867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATRA, SAMEER
3120 ARROW DR.
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

BATRA, SAMEER
11361 ARBORSIDE BEND WAY
WINDERMERE, FL 34786 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: SAMEER BATRA

01/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: V.P () Delete
Name: BATRA, HARISH K
Address: 3120 ARROW DR.
City-St-Zip: KISSIMMEE, FL 34746

Title: V.P () Delete
Name: MAINI, SABINA
Address: 3120 ARROW DR.
City-St-Zip: KISSIMMEE, FL 34746

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MD (X) Change () Addition
Name: BATRA, SAMEER
Address: P.O BOX 22334
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: V.P (X) Change () Addition
Name: BATRA, HARISH K
Address: P.O BOX 22334
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: V.P () Change (X) Addition
Name: MAINI, SABINA
Address: P.O BOX 22334
City-St-Zip: LAKE BUENA VISTA, FL 32830 US

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 is true and accurate and that my electronic 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.

SIGNATURE: SAMEER BATRA

MD

01/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date