2005 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # M0200000984 1. Entity Name INTEGRATED WIRELESS CONSULTING L.L.C.		FILED Jan 20, 2005 08:00 AM Secretary of State	
Principal Place of Business Mailing Address 1421 SHADWELL CR 1421 SHADWELL CIRCLE LAKE MARY, FL 32746 LAKE MARY, FL 32746 DO NOT WRITE IN THIS SPACE			01102005 No Chg-LLC CR2E083 (10/03)
6. Name and Address of Current Registered Agent YOUSIF, SALMA A 1421 SHADWELL CR LAKE MARY, FL 32746			30-0001728 Not Applicable 5. Certificate of Status Desired DO NOT WRITE IN THIS SPACE
S. 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, typod or printed name of registered agent and tile if applicable. NOTE Registered Agent signature required when reinstating) DATE Filling Fee is \$50.00 Due by May 1, 2005 . MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM HAILAB, DAWIT 1421 SHADWELL CIRCLE LAKE MARY, FL 32746		U00000197136 01/21/05-80086-023 50.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP		······	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report is true 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. SIGNATURE: Dawit Hailab ///3/05 407-538-0001 BIGNATURE: Dawit Hailab Davit Hailab Date			