

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057385

FILED
Mar 14, 2005
Secretary of State

Entity Name: PRECISION WIRELESS COMMUNICATIONS, INC.

Current Principal Place of Business:

6329 HWY. 301 S
RIVERVIEW, FL 33569

New Principal Place of Business:

9071 PARK BOULEVARD
SEMINOLE, FL 33777

Current Mailing Address:

6329 HWY. 301 S
RIVERVIEW, FL 33569

New Mailing Address:

9071 PARK BOULEVARD
SEMINOLE, FL 33777

FEI Number: 59-3652228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMMONS, LISA
11544 47TH AVE NORTH
MADEIRA BEACH, FL 33708 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AMMONS, LISA
Address: 11544 47TH AVE NORTH
City-St-Zip: MADEIRA BEACH, FL 33708

Title: VD () Delete
Name: HEBEL, JOSEPH
Address: 11544 47TH AVE NORTH
City-St-Zip: MADEIRA BEACH, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Section 119.07(3)(i), 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: LISA AMMONS

PRES

03/14/2005

Electronic Signature of Signing Officer or Director

Date