FOR PROFIT CORPORATION ANNUAL REPORT

JUMENT # P00000099174

Entity Name
G.E.T. CELLULAR, INC.

Principal Place of Business

2628 US HWY 19 HOLIDAY, FL 34691 Mailing Address

2628 US HWY 19 HOLIDAY, FL 34691 AT FILED 06 OCT 13 AM 9: 37

LALLAHASSEE, FLORIDA



07122006	No Chg-P	CR2E034 (11/05)/1)		
4. FEI Number			· T. (C+) · 7	Applied For
59-3677			Not Applicab	
5. Certificate of Status Desired			\$8.75 Fee Rec	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MERCADO, DARRIN 2628 US HWY 19 HOLIDAY, FL 34691

DO NOT WRITE IN THIS SPACE

8. The above the obligate SIGNATURE	o named entity; submits this statement for the plans of registered agent.	purpose of changing its register	ed office or registered agent, or bo	oth, in the State of Florida: I am familiar with, and accept
	Separatile, typed or printed name of registered agent and title	if epplicable. (NOTE: Registere	d Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERCADO, DARRIN 2628 US HWY 19 HOLIDAY, FL 34691		MQ 14.01	90076005 \$150.00
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12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an eddress, with all other like empowered.

SIGNATURE: X

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