2004 FOR PROFIT CORPORATION

Feb 10, 2004 8:00 am **Secretary of State** ANNUAL REPORT 02-10-2004 90008 007 ***150.00 DOCUMENT # P01000020082 ALL WORLD WIRELESS, INC. Mailing Address 54004445 Principal Place of Business 2460 NORTH STATE ROAD 7 2460 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319 LAUDERDALE LAKES, FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042004 Chq-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-1079772 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent --- 7:=Name and Address of New Registered Agent ___ BARROW, KIRK A ESQ Street Address (P.O. Box Number is Not Acceptable) 3500 NORTH STATE ROAD 7 STE 201 LAUDERDALE LAKES, FL 33319 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TITLE ☐ Delete TITLE □ Change Addition BUISSERETH, PATRINA NAME NAME 2460 NORTH STATE RD 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33319 CITY-ST-ZIP Secretar - Offange TITLE Delete TITLE Addition NAME BUISSERETH, RODRIGUE NAME rodrique North State Rd STREET ADDRESS 2460 NORTH STATE RD 7 STREET ADDRESS Lauderdale LAUDERDALE LAKES, FL 33319 CITY-ST-ZIP CITY-ST-ZIP VΡ Defete TITLE Addition TITLE Change SHARPE, NEVILLE NAME NAME 2460 NORTH STATE ROAD 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33319 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dolete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify 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 signature shall have the same logal 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 Charles 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

changed, or on an attachment with an address, with all other like empowered.

FILED