## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P01000020082

Address:

City-St-Zip:

Entity Name: ALL WORLD WIRELESS, INC.

FILED Dec 09, 2004 Secretary of State

Entity Nar	me: ALL VVO	RLD WIRELESS, INC.					
Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:			
2460 NOR	TH STATE R	DAD 7					
B LAUDERD	ALE LAKES,	FI 33319					
	ailing Addre		New Maili	New Mailing Address:			
	TH STATE R			•			
В							
	ALE LAKES,		EELNessels and Assess	:	Out Factor of Otatus Basins (1)		
FEI NUMBER	: 65-1079772	FEI Number Applied For ( )	FEI Number Not App	icable ( )	Certificate of Status Desired ( )		
Name and	Address of	Current Registered Agent:	Name and	Address o	of New Registered Agent:		
3500 NOR	, KIRK A ESQ TH STATE RO ALE LAKES,	DAD 7 STE 201 FL 33319 US					
	named entity e of Florida.	submits this statement for the	e purpose of changing i	ts registered	d office or registered agent, or both,		
SIGNATUR	RE:						
	Electro	nic Signature of Registered A	gent		Date		
OFFICERS	S AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BUISSERETH, 2460 NORTH S		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	BUISSERETH, 2460 NORTH S	) Delete RODRIGUE STATE RD. 7 #B LAKES, FL 33313	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	SHARPE, NEV 2460 NORTH S	) Delete ILLE STATE ROAD 7 LAKES, FL 33319	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name:	(	) Delete	Title: Name:	TREA RIESS, DOF	()Change(X)Addition ROTHY		

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.

Address:

City-St-Zip:

SIGNATURE: PATRINA BUISSERETH DP 12/09/2004

2460 NORTH STATE ROAD 7 SUITE B

LAUDERDALE LAKES, FL 33313