
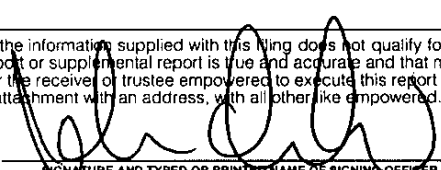


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90163 049 \*\*\*158.75

<b>DOCUMENT # P01000103257</b> 1. Entity Name <b>WIRELESS RETAIL SERVICES, INC.</b>			
Principal Place of Business <b>804 A EYRIE DRIVE OVIEDO, FL 32765</b>		Mailing Address <b>804 A EYRIE DRIVE OVIEDO, FL 32765</b>	
2. Principal Place of Business <b>Wireless Retail Services Inc</b> Suite, Apt. #, etc. <b>1500 Tradeport Drive</b> City & State <b>Orlando FL</b> Zip <b>32824</b> Country <b>USA</b>		3. Mailing Address <b>Wireless Retail Services Inc</b> Suite, Apt. #, etc. <b>1500 Tradeport Drive</b> City & State <b>Orlando FL</b> Zip <b>32824</b> Country <b>USA</b>	
4. FEI Number <b>59-3753158</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CHIORANDO, JOHN 804 A EYRIE DRIVE OVIEDO, FL 32765</b>		7. Name and Address of New Registered Agent Name <b>John Chiorando</b> Street Address (P.O. Box Number is Not Acceptable) <b>1500 Tradeport Drive</b> City <b>Orlando</b> State <b>FL</b> Zip Code <b>32824</b>	
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 			
(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME CHIORANDO, JOHN S STREET ADDRESS 804 A EVRIE DRIVE CITY-ST-ZIP OVIEDO, FL 32765	<input type="checkbox"/> Delete	TITLE D NAME John Chiorando STREET ADDRESS 1500 Oakford Place CITY-ST-ZIP Oviedo, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Director Claudia Cardona 1290 Oakford Place Oviedo, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 address, with all other like empowered.			
SIGNATURE: 		4-27-06 407-857-3737 Date Daytime Phone #	