

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000030761

FILED
May 04, 2004
Secretary of State

Entity Name: CDMA WIRELESS ACADEMY, INC.

Current Principal Place of Business:

759 HAWKSHELL ISLAND DRIVE
SATELLITE BEACH, FL 32937

New Principal Place of Business:

418 POWELL AVENUE
LITTLE TORCH KEY, FL 33042

Current Mailing Address:

759 HAWKSHELL ISLAND DRIVE
SATELLITE BEACH, FL 32937

New Mailing Address:

418 POWELL AVENUE
LITTLE TORCH KEY, FL 33042

FEI Number: 33-0842132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHITTY, ROBERT L
1360 S PATRICK DRIVE
SATELLITE BEACH, FL 32937 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: D () Delete
Name: ALLEN-BUON, ARLEN
Address: 759 HAWKSHELL ISLAND DR.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: TASOOJI, MATTHEW
Address: 851 COCOS DRIVE
City-St-Zip: SAN MARCOS, CA 92126

Title: D () Delete
Name: ROTH, ROBERT D
Address: 2585 JEFFERSON ST., #8
City-St-Zip: CARLSBAD, CA 92008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALLEN-BUON, ARLEN
Address: 418 POWELL AVENUE
City-St-Zip: LITTLE TORCH KEY, FL 33042

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: ARLENE ALLEN-BUONO

CFO

05/04/2004

Electronic Signature of Signing Officer or Director

Date