
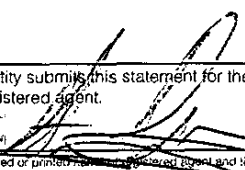
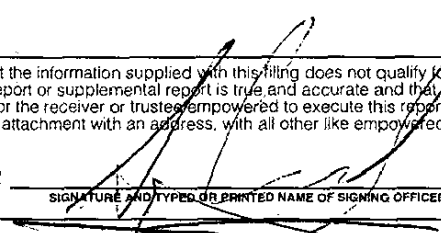


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 19, 2004 8:00 am**  
**Secretary of State**

08-19-2004 90055 044 \*\*\*150.00

<b>DOCUMENT # P02000063807</b> 1. Entity Name <b>WIRELESS +, INC.</b>					
Principal Place of Business <b>14941 BRUCE B DOWN BLVD. TAMPA, FL 33613</b>			Mailing Address <b>14941 BRUCE B DOWN BLVD. TAMPA, FL 33613</b>		
2. Principal Place of Business <b>4812 E. BUSCH BLVD.</b>		3. Mailing Address <b>4812 E. BUSCH BLVD.</b>			
Suite, Apt. #, etc. <b>SUITE E</b>		Suite, Apt. #, etc. <b>SUITE E</b>			
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>			
Zip <b>33617</b>		Country <b>USA</b>		Zip <b>33617</b>	
Country <b>USA</b>		4. FEI Number <b>01-0723360</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ELQADAH, AHMED 14941 BRUCE B DOWN BLVD. TAMPA, FL 33613</b>					
7. Name and Address of New Registered Agent Name <b>ELQADAH, AHMED</b> Street Address (P.O. Box Number is Not Acceptable) <b>4812 E. BUSCH BLVD.</b> Suite, Apt. #, etc. <b>SUITE E</b> City <b>TAMPA</b> FL <b>33617</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:  <b>AHMED ELQADAH</b> DATE <b>8/19/04</b> <small>(Signature, typed or printed name and address of agent and State 2 appropriate) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS <b>ELQADAH, AHMED W</b> <b>14941 BRUCE B DOWN BLVD</b> <b>TAMPA, FL 33613</b> <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS <b>ELQADAH, AHMED W.</b> <b>4812 E. BUSCH BLVD, STE E</b> <b>TAMPA, FL 33617</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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 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 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:  <b>AHMED ELQADAH</b> DATE <b>8/19/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

24080357



08092004 Chg-P CR2E034 (10/03)