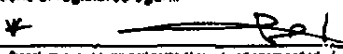


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
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| DOCUMENT # P02000071026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                                                                                           |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| 1. Entity Name<br>WORLD CELLULAR CORP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| Principal Place of Business<br>2902 NW 72ND AVE.<br>MIAMI, FL 33122                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   | Mailing Address<br>2902 NW 72ND AVE.<br>MIAMI, FL 33122                                                                                                                                                                                                                    |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| DO NOT WRITE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| 8. Name and Address of Current Registered Agent<br><br>ALI HERZ, AHMAD<br>115 VENECIAN WAY<br>SAN MARCO ISLAND<br>MIAMI BEACH, FL 33139                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   | 08282006 No Chg-P CR2E034 (11/05)<br>4. FEI Number<br>05-0563165<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>Applied For<br>Not Applicable                                                                              |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| 9. 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.<br>SIGNATURE <br>Signature should be on old name of registered agent and title of previous agent. (NOTE: Registered Agent signature is required when replacing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | DO NOT WRITE IN THIS SPACE<br>Sept. 06, 2006<br>DATE                                                                                                                                                                                                                       |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | FILE NOW!!! FEE IS \$150.00<br>Due by September 8, 2006<br>10. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee<br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1"> <tr> <td>TITLE</td> <td>F</td> </tr> <tr> <td>NAME</td> <td>ALI HERZ, AHMAD</td> </tr> <tr> <td>STREET ADDRESS</td> <td>115 VENECIAN WAY SAN MARCO ISLAND</td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>MIAMI BEACH, FL 33139</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> </tr> </table> |                                   |                                                                                                                                                                                                                                                                            | TITLE | F | NAME | ALI HERZ, AHMAD | STREET ADDRESS | 115 VENECIAN WAY SAN MARCO ISLAND | CITY, ST, ZIP | MIAMI BEACH, FL 33139 | TITLE |  | NAME |  | STREET ADDRESS |  | CITY, ST, ZIP |  | TITLE |  | NAME |  | STREET ADDRESS |  | CITY, ST, ZIP |  | TITLE |  | NAME |  | STREET ADDRESS |  | CITY, ST, ZIP |  | TITLE |  | NAME |  | STREET ADDRESS |  | CITY, ST, ZIP |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | F                                 |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ALI HERZ, AHMAD                   |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 115 VENECIAN WAY SAN MARCO ISLAND |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MIAMI BEACH, FL 33139             |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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.<br>SIGNATURE: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>Sept. 06, 2006<br>Date Day(s) of Year                                                                                                    |                                   |                                                                                                                                                                                                                                                                            |       |   |      |                 |                |                                   |               |                       |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |       |  |      |  |                |  |               |  |