2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078851

KASZA, ASYA

DELAND, FL 32720

537 W PENNSYLVANIA AVE

Name:

Address:

City-St-Zip:

FILED Jan 08, 2007 Secretary of State

| Entity Na | me: ACTEL V | VIRELESS, INC. | | | | |
|---|---|----------------------------------|---|---|--------------------------|---------------|
| Current Principal Place of Business: | | | New Prince | New Principal Place of Business: | | |
| 1568 N WOODLAND BLVD DELAND, FL 32720 | | | 1544 N WOODLAND BLVD DELAND, FL 32720 | | | |
| Current Mailing Address: | | | New Mailing Address: | | | |
| P.O. BOX DELAND, | 2132 FL 32721213 ⁻ | | | | | |
| FEI Number | : 11-3648241 | FEI Number Applied For() | FEI Number Not App | licable () | Certificate of Status De | sired () |
| Name and | l Address of (| Current Registered Agent: | Name and Address of New Registered Agent: | | | |
| | , SUSAN R RGREEN PLA FL 32720 l | CE JS | | | | |
| | e of Florida. | submits this statement for the p | ourpose of changing i | ts registered of | fice or registered age | ent, or both, |
| OIOIVATOI | | nic Signature of Registered Ag | ent | | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | | |
| OFFICER | S AND DIREC | TORS: | ADDITION | IS/CHANGES | TO OFFICERS AND | DIRECTORS: |
| Title: Name: Address: City-St-Zip: | D (MULHALL, SUS 1568 N. WOOL DELAND, FL 3 | DLAND BLVD. | Title: Name: Address: City-St-Zip: | () | Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP (KING, ALICIA 2901 SWEET S DELTONA, FL | | Title: Name: Address: City-St-Zip: | VP (X) SENGER, DANA 1224 CECIL AVI DELAND, FL 32 | E | |
| Title: Name: Address: City-St-Zip: | S (JESSICA, KING 1309 NUTWOO DELAND, FL 3 | DD DR | Title: Name: Address: City-St-Zip: | T (X) KASZA, ASYA 537 W PENNSY DELAND, FL 32 | | |
| Title: | T (X |) Delete | Title: | () | Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SUSAN R MULHALL D 01/08/2007