


2006 FOR PROFIT CORPORATION ANNUAL REPORT

182

FILED

06 SEP 18 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| DOCUMENT # P02000084238 |  |
| 1. Entity Name OLYMPIA WIRELESS INC. | |

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| Principal Place of Business 25 NW 27 AVE MIAMI, FL 33125 | Mailing Address 25 NW 27 AVE MIAMI, FL 33125 |
|--|--|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



09072006 Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 76-0713133 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ABADIA, MELINDA 5228 PINE ABBEY DR SOUTH WEST PALM BEACH, FL 33415 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|--|

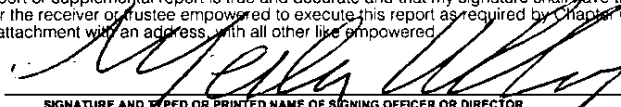
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$550.00 Due by September 15, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---------------------------------|------|-----------------|--|----------------|--------------------------|--|-------------|---------------------------|--|--|-------|--|---|------|--------------|--|----------------|----------------------|--|-------------|----------|--|
| <table border="1"> <tr> <td>TITLE</td> <td>P/S</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ABADIA, MELINDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5228 PINE ABBEY DR SOUTH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33415</td> <td></td> </tr> </table> | TITLE | P/S | <input type="checkbox"/> Delete | NAME | ABADIA, MELINDA | | STREET ADDRESS | 5228 PINE ABBEY DR SOUTH | | CITY-ST-ZIP | WEST PALM BEACH, FL 33415 | | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>300080193759</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>09/26/06--01075--002</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>**150.00</td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | 300080193759 | | STREET ADDRESS | 09/26/06--01075--002 | | CITY-ST-ZIP | **150.00 | |
| TITLE | P/S | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | ABADIA, MELINDA | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 5228 PINE ABBEY DR SOUTH | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33415 | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | 300080193759 | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 09/26/06--01075--002 | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | **150.00 | | | | | | | | | | | | | | | | | | | | | | | | |
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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:  09/12/06 (305) 476-0223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Olympia Wireless

FLORIDA DEPARTMENT OF STATE
Secretary of State
Sue M. Coob

DIVISION OF CORPORATIONS
P.O. BOX 6237
Tallahassee, FL 32314

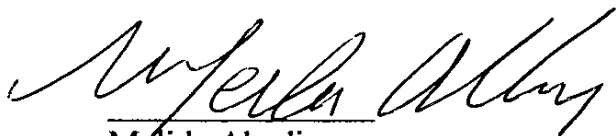
Sep 12, 2006

Dear Sr. or Madam:

This letter is to ask for waiver of \$400.00 late fee of annual report due to we did not receive the first annual report notice. (2006)

I will appreciate your attention to this matter.

Sincerely,



Melida Abadia
President
Olympia Wireless Inc.
Ref:# P02000084238