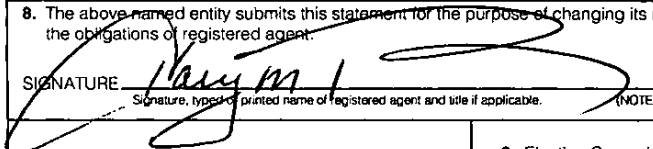
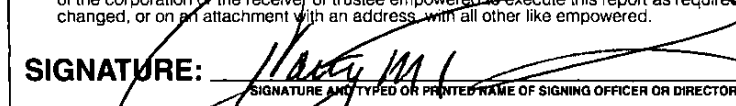


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000025188 1. Entity Name FREEDOM 4 WIRELESS, INC.						FILED 04 DEC 27 PM 1:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 100 VILLAGE SQUARE CROSSING SUITE 202 PALM BEACH GARDENS, FL 33410 US				Mailing Address 100 VILLAGE SQUARE CROSSING SUITE 202 PALM BEACH GARDENS, FL 33410 US					
2. Principal Place of Business 14 East Washington St. Suite, Apt. #, etc. suite 306 City & State Orlando, Florida Zip 32801		3. Mailing Address 14 East Washington St. Suite, Apt. #, etc. suite 306 City & State Orlando, Florida Zip 32801		4. FEI Number 56-2335301		Applied For Not Applicable			
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		12222004 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent TURNER, RICHARD C 4200 OAK ST. PALM BEACH GARDENS, FL 33418				7. Name and Address of New Registered Agent Name Harry M. Timmons Street Address (P.O. Box Number is Not Acceptable) 14 East Washington St. suite 306 City Orlando					
State FL				Zip Code 32801					
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:  Harry M. Timmons Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 12/28/04									
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE CHDS NAME RICHMOND, BARNEY A STREET ADDRESS 100 VILLAGE SQUARE CROSSING #202 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	☒ Delete			TITLE CHD, CEO NAME Robert Shaw STREET ADDRESS 14 East Washington St. suite 306 CITY-ST-ZIP Orlando, Florida 32801	☐ Change ☒ Addition				
TITLE DP NAME TIMMONS, HARRY M STREET ADDRESS 14 E WASHINGTON ST SUITE 306 CITY-ST-ZIP ORLANDO, FL 32801	☐ Delete			TITLE COO, D NAME James K. Murey STREET ADDRESS 14 East Washington St. suite 306 CITY-ST-ZIP Orlando, FL 32801	☐ Change ☒ Addition				
TITLE DT NAME TURNER, RICHARD C STREET ADDRESS 4200 OAK ST CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	☒ Delete			TITLE CTO NAME David Nickman STREET ADDRESS 14 East Washington St. suite 306 CITY-ST-ZIP Orlando, Florida 32801	☐ Change ☒ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete			TITLE NAME Charles Sperry STREET ADDRESS 14 East Washington St. suite 306 CITY-ST-ZIP Orlando, Florida 32801	☐ Change ☒ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete			TITLE NAME John Thompson STREET ADDRESS 14 East Washington St. suite 306 CITY-ST-ZIP Orlando, Florida 32801	☐ Change ☒ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete			TITLE NAME Wanda S. Timmons STREET ADDRESS 14 East Washington St suite 306 CITY-ST-ZIP Orlando, FL 32801	☐ Change ☒ 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:  Harry M. Timmons SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 12/22/04				Daytime Phone #	