## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## May 21, 2008 8:00 am Secretary of State DOCUMENT # P03000026726 05-21-2008 90029 046 \*\*\*150.00 1. Entity Name WIRELESS DEPOT, INC. Principal Place of Business \$520 BROADWAY Mailing Address 3520 BROADWAY RIVIERA BEACH, FL 33404 RIVIERA BEACH, FL 33404 US No Chg-P CR2E034 (11/05) 04282008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2334462 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAADEH, ALI M DO NOT WRITE 1329 VICTORIA DR WEST PALM BEACH, FL 33409 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP SAADEH, ALI M MAME STREET ADDRESS 1329 VICTORIA DR WEST PALM BEACH, FL 33409 CITY-ST-ZIF DVP TITLE MOHAMMAD, KHALED NAME STREET ADDRESS 4793 SABLE PINES CIRCLE #A1 CITY-ST-7IP WEST PALM BEACH, FL 33417 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

APR 9 p 2000

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 2 8 2008

Daytime Phone #

**FILED**