

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 23, 2005  
Secretary of State**

DOCUMENT# P03000047360

Entity Name: GO WIRELESS SECURITY, INC.

**Current Principal Place of Business:**

5819 N. ANDREWS WAY  
FT. LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

5819 N. ANDREWS WAY  
FT. LAUDERDALE, FL 33309 US

**New Mailing Address:**

FEI Number: 20-0007662      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GOLD, TYLER A  
1000 S. PINE ISLAND ROAD, SUITE 310  
SUITE 310  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ODIERNA, ROBERT  
Address: 5819 N. ANDREWS WAY  
City-St-Zip: FT. LAUDERDALE, FL 33309 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: ROBERT ODIERNA

PD

05/23/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date