2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000061364 1. Entity Name WIRELESS HOLDINGS, INC.						Jun 08, 2005 08:00 AM Secretary of State				
Principal Plac	ce of Business	Mailir	ng Address							
301 NORTH OCEAN BLVD.			301 NORTH OCEAN BLVD.							
#710 POMPANO BEACH FL 33062			#710 POMPANO BEACH FL 33062			11				
POMPANO	BEACH FL 33062	POM	IPANO BEACH FL	. 33062						
2. Principal Place of Business			3. Mailing Address				eilaat iit aalaa liili abiil balil back et	Bilin miling (2 333 76 471110)		
Suite, Apt. #, etc.		Suri	Surte, Apt. #, etc.			1st MOORE CR2E034 (10/04)				
City & State		City	City & State			4. FEI Number 26-0067474 Applied For Not Applicable				
Zip	Country		Zip C		ntry	5. Certificate	e of Status Desired	\$8.75 Fee Re		
	6. Name and Address of Curre	ent Register	ed Agent]	7. Name an	d Address of New Regist	ered Agent		
					Name			-		-
HESS, JOSEPH P 301 NORTH OCEAN BLVD. #710				Street Address	Street Address (P.O. Box Number is Not Acceptable)					
POMPANO BEACH FL 33062					City		··· - ·	⊏I Zip	Code	
8. The above the obligated SIGNATURE	e named entity submits this statemer tions of registered agent.								with, a	ind accept
	Signature, typed or printed name of registered as	gent and title if api	plicable (NOTI	E Registere	id Agent signature recultii	ed when reinstating)	· -	DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550 k Payable to Florida Departmen						9. Election Campaign F Trust Fund Contribut			O May Be i to Fees
10.	OFFICERS AND DIRECTORS					ADDITIONS	/CHANGES TO OFFICER:	S AND DIREC	TORS	IN 11
TIFLE	D		☐ Defete	III	F			Cha	ınge	Addition
NAME	HESS, JOSEPH P			MAN			U0000036	3225		
STREFT ADDRESS CITY-ST-ZIP	301 NORTH OCEAN BLVD. #71 POMPANO BEACH FL 33062		STREET ADDRESS CITY-ST-ZIP			06/08/05-80	0005-008	150	3.00	
TITLE			☐ Delete	titu	F		·	Cha	inge	Addition
NAME				NAM	T .					
STREET ADDRESS					ET ADDRESS					-
CITY-ST-ZIP		·			-SI-7 P		 	<u></u>		
TITLE			☐ Defete	Hiti				L Cha	nge	☐ Addition
NAME STREET ADDRESS				STPE	ET AUJURESS					····
CITY-ST-ZIP				CITY	-ST-/IP	_				
TITLE		······································	☐ Delete	THE		•		☐ Chai	nge .	Addition
NAME				NAM	E					
STREET ADDRESS				STRE	ET ADORESS					
CITY-ST-ZIP				CITY	-ST-70P					
TITLE			☐ Delete	fritt				Cha	nge	Addition Addition
NAME				NAM	1					
STREET ADDRESS				1	ET ADDRESS					
CITY ST-ZIP				CHIY	-S1-ZIP					
ICHE			☐ Delete	BRU				☐ Cha	nge	Addition Addition
NAME				NAM						
STREET ADDRESS			•		ET ADDRESS - S1 - ZIP					
CITY-ST-ZIP			ala a a mak 120 . C			Section 340 07(0)	Vil Clarida Ctatutas 12 at	ar cortifi that	 tha leif	ormation.
12. I hereby indicated of the collaboration	certify that the information supplied in this report or supplemental report or supplemental report or the receiver or trustee element on an attachment with an address	with this filing iff is true and mpowered to ss, with all oth	opes not qualify for accurate and that report execute this report her like empowered	r ure exe ny signa as requi	implion stated in S ture shall have the ired by Chapter 60	e same legal effe 07, Florida Statut	ot as if made under oath; es, and that my name app	that I am an of ears in Block	fficer of 10 or l	or director Block 11 if

HOLLAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4)15/05

Date

Daylime Phone II

FILED