

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-25-2005 90005 004 \*\*\*150.00

<b>DOCUMENT # P03000081826</b> 1. Entity Name <b>GT WIRELESS SOLUTIONS, INC.</b>					
Principal Place of Business <b>122 WHITE BIRCH DR KISSIMMEE, FL 34743</b>				Mailing Address <b>122 WHITE BIRCH DR KISSIMMEE, FL 34743</b>	
2. Principal Place of Business <b>4536 CURRY FORD RD</b>		3. Mailing Address <b>4536 CURRY FORD RD</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		05072005    Chg-P    CR2E034 (10/03)	
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FLORIDA</b>		4. FEI Number <b>55-0841443</b>	
Zip <b>32812</b>		Country <b>ORANGE</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RAMIREZ, ADONIAS A 122 WHITE BIRCH DR KISSIMMEE, FL 34743</b>		7. Name and Address of New Registered Agent Name <b>ADONIAS RAMIREZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>4536 CURRY FORD RD</b> City <b>ORLANDO</b> FL    Zip Code <b>32812</b>			
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 <b>X</b> <i>Adonias Ramirez</i> (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT RAMIREZ, ADONIAS 122 WHITE BIRCH DR KISSIMMEE, FL 34743	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/T/S ADONIAS RAMIREZ 4536 CURRY FORD RD ORLANDO, FLORIDA 32812
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REYES, VINICIO A 122 WHITE BIRCH DR KISSIMMEE, FL 34743	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P VINICIO REYES 4536 CURRY FORD RD ORLANDO, FLORIDA 32812
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RAMIREZ, GILMA M 122 WHITE BIRCH DR KISSIMMEE, FL 34743	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMA RAMIREZ 4536 CURRY FORD RD ORLANDO, FLORIDA 32812
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>X</b> <i>Adonias Ramirez</i>			5/2/05 407 737-3940		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		