

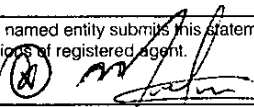
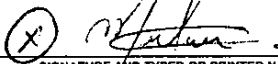


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000082431 1. Entity Name WIRELESS CELL, INC.						FILED 2008 JAN 18 PM 2:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 5925 NW 110 COURT MIAMI, FL 33178				Mailing Address 5925 NW 110 COURT MIAMI, FL 33178				 01162008 Chg-P CR2E034 (12/06) 08			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 33-1065613		Applied For Not Applicable					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
City & State		City & State		Zip		Country					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
VILLA JUANE 5925 NW 110 COURT MIAMI, FL 33178					Name Melissa Cediel Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code						
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:  (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLA JUANE 5925 NW 110 COURT MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Melissa Cediel → →				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANTIAGO VILLA 5925 NW 110 COURT MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	900117921749 02/13/08--01005--006 **150.00				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
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.											
SIGNATURE: 					SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
					Date						
					Daytime Phone #						