

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096614

FILED
Mar 17, 2008
Secretary of State

Entity Name: WIRELESS CONCEPTS OF S.W. FLORIDA, INC.

Current Principal Place of Business:

18731 THREE OAKS PARKWAY
SUITE 101
FORT MYERS, FL 33967

New Principal Place of Business:

Current Mailing Address:

18731 THREE OAKS PARKWAY
SUITE 101
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 83-0368461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLE, LAWRENCE W
28023 WESTBROOK DRIVE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

POOLE, LAWRENCE W
9065 FRANK ROAD
FORT MYERS, FL 33967 US

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:

03/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: POOLE, LAWRENCE W
Address: 28023 WESTBROOK DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: VP () Delete
Name: POOLE, LAWRENCE W
Address: 28023 WESTBROOK DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: TRES () Delete
Name: POOLE, LAWRENCE W
Address: 28023 WESTBROOK DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: SEC () Delete
Name: POOLE, LAWRENCE W
Address: 28023 WESTBROOK DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: POOLE, LAWRENCE W
Address: 9065 FRANK ROAD
City-St-Zip: FORT MYERS, FL 33967 US

Title: VP (X) Change () Addition
Name: POOLE, LAWRENCE W
Address: 9065 FRANK ROAD
City-St-Zip: FORT MYERS, FL 33967 US

Title: TRES (X) Change () Addition
Name: POOLE, LAWRENCE W
Address: 9065 FRANK ROAD
City-St-Zip: FORT MYERS, FL 33967 US

Title: SEC (X) Change () Addition
Name: POOLE, LAWRENCE W
Address: 9065 FRANK ROAD
City-St-Zip: FORT MYERS, FL 33967 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LAWRENCE W. POOLE

PRES

03/17/2008

Electronic Signature of Signing Officer or Director

Date