


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000100143		
1. Entity Name PC - WIRELESS INC.		

FILED
07 MAY 18 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1815 SOUTH ADAMS ST. SUITE-1 TALLAHASSEE, FL 32301	Mailing Address 1926 REED HILL DR. WINDERMERE, FL 34786
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2. Principal Place of Business - No P.O. Box # 2415 N. Monroe St.	3. Mailing Address PO Box 932
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tallahassee	City & State Gotha FL.	4. FEI Number 14-1881690	Applied For <input type="checkbox"/> Not Applicable
Zip 32303	Country	Zip 34734	Country



05182007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent CLARK, PAUL G 1564 CHINA GROVE TRAIL TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Due by September 14, 2007	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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, PAUL 1564 CHINA GROVE TRAIL TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300103045483 05/23/07--01003--015 **300.00
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: Paul Clark **5/18/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #