## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000133896

Entity Name: WIRE MY NET, INC.

FILED Aug 07, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

479 MONTGOMERY PLACE

STE 200

ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address: New Mailing Address:

479 MONTGOMERY PLACE STE 200

ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 20-0397826 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORA, KELLY N 479 MONTGOMERY PLACE ALTAMONTE SPRINGS, FL 32714 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:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition

 Name:
 MORA, ULISES A
 Name:
 MORA, ULISES A

 Address:
 1000 DOUGLAS AVE
 Address:
 369 CONCH KEY WAY

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:
 SANFORD, FL 32771

Title: ST ( ) Delete Title: ST (X) Change ( ) Addition

 Name:
 MORA, KELLY N
 Name:
 MORA, KELLY N

 Address:
 1000 DOUGLAS AVE
 Address:
 369 CONCH KEY WAY

 City-St-Zip:
 ORLANDO, FL 32714
 City-St-Zip:
 SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the 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: KELLY MORA ST 08/07/2006