

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142923

Entity Name: NOBLE WIRELESS, INC.

FILED
Mar 13, 2007
Secretary of State

Current Principal Place of Business:

7087 GRAND NATIONAL DR., STE. 104
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7087 GRAND NATIONAL DR., STE. 104
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 20-0444934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JIWANI, SULEMAN
7087 GRAND NATIONAL DR., STE. 104
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JIWANI, SULEMAN
Address: 1724 WHITNEY ISLES DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: HUSSAIN, IRFAN
Address: 20 RIVER TERR. #10G
City-St-Zip: NEW YORK, NY 10282

Title: D () Delete
Name: MITHANI, MUHAMMAD G
Address: 1022 MONICA LANE
City-St-Zip: LAWRENCEVILLE, GA 30045

Title: D () Delete
Name: HUSSAIN, RIZWAN
Address: 1626 WHITNEY ISLES DRIVE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SULEMAN JIWANI

D

03/13/2007

Electronic Signature of Signing Officer or Director

_____ Date