2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142923

FILED Mar 17, 2008 Secretary of State

Entity Nar	ne: NOBLE\	WIRELESS, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
7087 GRAND NATIONAL DR., STE. 104 ORLANDO, FL 32819			7649 W. COLONIAL DRIVE STE 120 ORLANDO, FL 32818			
Current Mailing Address:				New Mailing Address:		
7087 GRAND NATIONAL DR., STE. 104 ORLANDO, FL 32819			7649 W. COLONIAL DRIVE STE 120 ORLANDO, FL 32818			
FEI Number:	20-0444934	FEI Number Applied For ()	FEI Nun	nber Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
JIWANI, SULEMAN 7087 GRAND NATIONAL DR., STE. 104 ORLANDO, FL 32819 US				JIWANI, SULEMAN 7649 W. COLONIAL DRIVE STE 120 ORLANDO, FL 32818 US		
	named entity of Florida.	submits this statement for the p	ourpose o	f changing its registered	d office or registered agent, or both,	
SIGNATURE: SULEMAN JIWANI				03/17/2008		
Electronic Signature of Registered Agent					Date	
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	JIWANI, SULE	Y ISLES DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (HUSSAIN, IRF, 20 RIVER TER NEW YORK, N	R. #10G		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MITHANI, MUH 1022 MONICA			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D (HUSSAIN RIZ) Delete		Title:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: SULEMAN JIWANI D 03/17/2008

1626 WHITNEY ISLES DRIVE

WINDERMERE, FL 34786

Address:

City-St-Zip: