


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000109667 1. Entity Name PACT WIRELESS COMMUNICATIONS, INC.	
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Principal Place of Business PO BOX 5000 GROVELAND, FL 34736-5000	Mailing Address PO BOX 5000 GROVELAND, FL 34736-5000
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1452564	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FULMER, TIMOTHY A. 8340 AMERICAN WAY GROVELAND, FL 34736

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, CARROLL L 11050 AUTUMN LANE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, BARBARA B 11050 AUTUMN LANE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, CYNTHIA F 12928 LOOKINGHILL LANE ATHENS, AL 35611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, PHILIP A R 8000 CHERRY LAKE ROAD GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, CARROL A 11610 OSPREY POINTE BLVD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, TIMOTHY 13045 SUGAR BLUFF ROAD CLERMONT, FL 34711

000000514408
04/29/06-80170-001 158.75

**DO NOT WRITE
IN THIS SPACE**

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 507, 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:  **Timothy A. Fulmer** 4-7-2006 352-429-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #