


FILED  
Sep 12, 2005 8:00 am  
Secretary of State

07-25-2005 90096 047 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P04000150717</b>			
1. Entity Name <b>ADVICE WIRELESS, INC.</b>			
Principal Place of Business <b>3310 W. SWANN AVE. TAMPA, FL 33609</b>		Mailing Address <b>3310 W. SWANN AVE. TAMPA, FL 33609</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent <b>GREGORY, JEANETTE H 4239 WEST EL PRADO BLVD. TAMPA, FL 33629</b>		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: <b>FL</b> Zip Code:	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRAY, ROBERT B 3310 W. SWANN AVE. TAMPA, FL 33609</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>7/19/05</b> Daytime Phone: _____	

ATTACHMENT

4239 El Prado Blvd.  
Tampa, Florida 33629

66027208

McCullough & Gregory Accounting

July 6, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

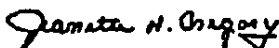
RE: Advice Wireless, Inc.  
2210 W. Swann Ave  
Tampa, FL 33609

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My client did not receive the Annual Corporate Form and did not know that he had to request one. Since he didn't send in the \$150.00 fee and a signed Corporate Report he was sent a notice of intent to dissolve. He wants to be reinstated and has obtained the form from the internet as instructed when we called. The signed form and a check for \$150.00 is enclosed.

Please accept the \$150.00 to reinstate the business as an active Corporation.

Sincerely,

  
Jeanette H. Gregory, E.A.  
Accountant

Phone 813-831-7011  
Fax 813-831-3890