





# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90092 024 \*\*\*150.00

<b>DOCUMENT # P04000153094</b> 1. Entity Name <b>WIRELESS WORLD, INC.</b>					
Principal Place of Business <b>4929 CEDARSTONE LANE ORLANDO, FL</b>			Mailing Address <b>4929 CEDARSTONE LANE ORLANDO, FL</b>		
2. Principal Place of Business <b>712 S GOLDENROD RD</b> Suite, Apt. #, etc.		3. Mailing Address <b>4828 BUTTERBOUGH AVE</b> Suite, Apt. #, etc.			
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO FL</b>		4. FEI Number <b>20-1856827</b>	
Zip <b>32822</b>		Country <b>Orange</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MEMON, SHAKEEL 4929 CEDARSTONE LANE ORLANDO, FL</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4828 BUTTERBOUGH AVE</b> City <b>ORLANDO FL</b> Zip Code <b>32829</b>			
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  DATE <b>4/21/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MEMON, SHAKEEL 4929 CEDARSTONE LANE ORLANDO, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			Date <b>4/21/05</b> Daytime Phone # <b>4073122765</b>		