2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/5/2006-90026-018-$158.75-$158.75

FILED

06 OCT -4 PM 1:41

DOCUMENT # P05000104438

1. Entity Name
UNIQUE DIMENSION WIRELESS CORP

Principal Place of Business	Mailing Address
8410 SOUTH O.B.T. ORLANDO, FL 32809 US	1018 BLUE GRASS DR GROVELAND, FL 34736 US

2. Principal Place of Business	3. Mailing Address
8410 South OBT	1018 Bluegrass Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando Fl	City & State: Groveland
Zip: 32809 Country:	Zip: Fl 34736 Country:

4. FEI Number: 20-3226474 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ, ANGEL 1018 BLUEGRASS DR GROVELAND, FL 34736	Name: Susana Ramirez Street Address (P.O. Box Number is Not Acceptable): 1018 Bluegrass Dr City: Groveland FL Zip Code: 34736

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: Susana Ramirez P DATE: 8/20/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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	P PEREZ, ANGEL 1018 BLUEGRASS DRIVE GROVELAND, FL 34736	☐ Delete	P Susana Ramirez 1018 Bluegrass Dr Groveland Fl 34736	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PEREZ, SUSANA 1018 BLUEGRASS DR GROVELAND, FL 34736	☐ Delete	VP Kevin M. Perez 1018 Bluegrass Dr 34736	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 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: Susana Ramirez (Susana Ramirez 8/20/06 407 588 8455 Cell 321 945 8094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell OCT 6 2006