## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 30, 2008 08:00 AM

DOCUMENT # P05000116049  1. Entity Name CELLPHONES4LESS INC.							Secretary of State					
Principal Place of Business				ailing Address		<del></del>	1					
407 PLAZA DR				8866 HIGHWAY 441								
EUSTIS, FL 32726				MOUNT DORA, FL 32757								
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite. Apt. #, etc				Suite, Apt. #, etc.			04222008	Chg-P	CR2E034	1 (12/06)		
City & State				City & State			4. FEI Numbe			Ap	plied For	
Zip Country			<del></del>	7:n	<b></b>	59-3826974 Not Applicable Status Desired Status Series Status Series Ser						
zip	Country			Zip Coun		luy	5. Certificate	of Status Desired		<b>8./5</b> Add ee Reguired		
	6. Name	and Address of Curren	t Regis	tered Agent	1		7. Name and	Address of New R	egistered Ag	jent		
NADOLEN	INCENT	on and a second				Name						
NAPOLI, VINCENT III 1134 E 10 AVENUE					Street Address (P.O. Box Number is Not Acceptable)							
MOUNT DORA, FL 32757												
						City				L do Code		
						<u> </u>	FL 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 Signature: typod or principal name of registered agent and talle (il applicable (NCTE: Registered Agent signature required when reinstating)  DATE											<del></del>	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Camp Trust Fund Con							.00 May Be ed to Fees					
10.	OFFICERS AND			CTORS		ADDITIONS/	CHANGES TO OFFI	CERS AND [	PIRECTORS	3 IN 11		
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name Street address	NAPOLI, VINCENT III SS   1134 E 10 AVE			NAM STRE		EET ADDRESS	05/23/08-80016-009 150.00				.na	
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12 I hereby (	L certify that th	ie information supplied wi	th this f	iling does not qualify fo	or the exi	emplions contained	d in Chapter 119	, Florida Statutes T	further certify	y that the in	ntormation	
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 it 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 attachpent with an address, with all other like empowered.												

GIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

VINCENT NAPOLITH