

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123043

FILED
Apr 29, 2009
Secretary of State

Entity Name: TOTALLY WIRED OF FLORIDA, INC

Current Principal Place of Business:

8661 NW 24 ST
SUNRISE, FL 33322

New Principal Place of Business:

5150 GOLDENROD PLACE ROAD
WINTER PARK, FL 32792

Current Mailing Address:

8661 NW 24 ST
SUNRISE, FL 33322

New Mailing Address:

5150 GOLDENROD PLACE ROAD
WINTER PARK, FL 32792

FEI Number: 30-0361639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ADAMS, JOHN
8661 NW 24 ST
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: IWANOWSKI, PIOTR
Address: 5150 GOLDENROD PLACE ROAD
City-St-Zip: WINTER PARK, FL 32792

Title: AS () Delete
Name: ADAMS, JOHN
Address: 8661 NW 24TH ST.
City-St-Zip: SUNRISE, FL 33322

Title: VP () Delete
Name: MORRIS, GODIESS
Address: 911 CARVER ST
City-St-Zip: WINTER GARDEN, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MORRIS, GODIESS
Address: 911 CARVER ST
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PIOTR IWANOWSKI

DP

04/29/2009

Electronic Signature of Signing Officer or Director

Date