
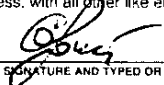


FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90011 012 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P05000145191			
1. Entity Name EURO WIRELESS INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 3353 WESTCHESTER SQ. BLVD		3. Mailing Address 3353 WESTCHESTER SQ. BLVD	
Suite, Apt. #, etc. SUITE 204		Suite, Apt. #, etc. SUITE 204	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32835	Country	Zip 32835	Country
4. FEI Number 20-3705989		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name INESYAN, GARY	
		Street Address (P.O. Box Number is Not Acceptable) 3353 WESTCHESTER SQ. BLVD SUITE 204	
		City ORLANDO FL Zip Code 32835	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - INESYAN GARY 3353 WESTCHESTER SQ. BLVD, SUITE 204 ORLANDO, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT - NESTEROV, EDGAR 3353 WESTCHESTER SQ. BLVD, SUITE 204 ORLANDO, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 04/30/06 Daytime Phone: 407/261-2300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034B (12/02)