

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


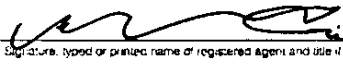
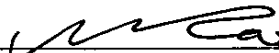
**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90007 033 \*\*\*150.00

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03022007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P06000054613</b>					
1. Entity Name 123 WIRELESS INC					
Principal Place of Business 3514 OKEECHOBEE RD FT PIERCE, FL 34947			Mailing Address 3514 OKEECHOBEE RD FT PIERCE, FL 34947		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4841798	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALI, ALI 400 TREASURE CAY DRIVE 203 FORT PIERCE, FL 34947			7. Name and Address of New Registered Agent Name: ALI ALI Street Address (P.O. Box Number is Not Acceptable): 432 SW JEFFERSON CIRCLE City: PORT ST. LUCIE FL Zip Code: 34986		
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: 3/5/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALI, ALI A		NAME		
STREET ADDRESS	400 TREASURE CAY DRIVE # 203		STREET ADDRESS	432 SW JEFFERSON CIRCLE	
CITY - ST - ZIP	FORT PIERCE, FL 34947		CITY - ST - ZIP	PORT ST. LUCIE, FL 34986	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			3/5/07 772-940 4569		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		