2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# P06000145867

Entity Name: OLD CELL PHONE STORE, INC.

Current Principal Place of Business:

1984 SW BILTMORE ST - 116
PORT ST LUCIE, FL 34984

New Principal Place of Business:

256 SW PORT ST LUCIE BLVD.
PORT ST LUCIE, FL 34984

Current Mailing Address:

1984 SW BILTMORE ST - 116
PORT ST LUCIE, FL 34984

New Mailing Address:

256 SW PORT ST. LUCIE BLVD
PORT ST LUCIE, FL 34984

FEI Number: 20-5916126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOTEN, AMY
16112 E PREAKNESS DR
LOXAHATCHEE, FL 33470 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: D ( ) Delete
Name: NEWTON, ROBERT
Address: 2614 SW CACTUS CIR
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D ( ) Delete
Name: NEWTON, NICOLE
Address: 2614 SW CACTUS CIR
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D ( ) Delete
Name: WOOTEN, AMY
Address: 16112 E PREAKNESS DR
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NICOLE NEWTON D 04/17/2007

Electronic Signature of Signing Officer or Director — Date