

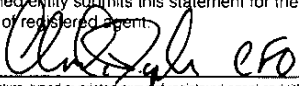
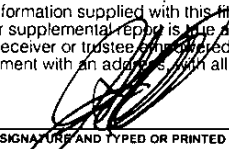


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90318 050 \*\*\*150.00

<b>DOCUMENT # P06000156773</b> 1. Entity Name <b>WIRELESS STORE SHOPPER, INC.</b>					
Principal Place of Business <b>7378 W ATLANTIC BLVD #228 MARGATE, FL 33063 US</b>			Mailing Address <b>7378 W ATLANTIC BLVD #228 MARGATE, FL 33063 US</b>		
2. Principal Place of Business - No P.O. Box # <b>800 S. Andrews Ave Suite, Apt. #, etc. 202</b>		3. Mailing Address <b>800 S. Andrews Ave Suite, Apt. #, etc. 202</b>			
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>33316</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960</b>				7. Name and Address of New Registered Agent Name <b>Retail Business Development</b> Street Address (P.O. Box Number is Not Acceptable) <b>800 S. Andrews Ave #202</b> City <b>Fort Lauderdale</b> FL <b>33316</b>	
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 <b>4/20/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GOINDOO, ROGER</b> <b>7378 W ATLANTIC BLVD #228</b> <b>MARGATE, FL 33063</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <b>James Ralph</b> <b>800 S. Andrews Ave, #202</b> <b>Fort Lauderdale, FL 33316</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			4/20/08 (954) 302-7797		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		