2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: ELIZABETH WALKER

Feb 07, 2007 8:00 am DOCUMENT # P95000003040 **Secretary of State** 02-07-2007 90045 043 ***150.00 WIRE ONE, INC. Principal Place of Business Mailing Address . 14404 YACHT CLUB BLVD. SEMINOLE FL 33776-T105 14941 SOVEREIGN DR 14404 YACHT OLUB BLVD. SEMINOLE FL 33770-1105 14941 SOVEREIGN DR LARGO FL 33774-4909 LARGO FL 32774-4909 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, ctc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3293400 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALKER, JACK R Street Address (P.O. Box Number is Not Acceptable) 14404 YACHT CLUB BEVD. SEMINOLE FL 33776-14941 SOVEREIGN DR LARGO, FL. 32774 - 4909 Zip Code 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 (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 100 BILL X Change Addition Delete WALKER, JACK R NAMI 14404 YACHT CLUB BLVD: 14941 SOVEREIGN' DX 14941 SOVEREIGN PR LARGO FL 33774-4909 STREET ADDRESS STRLET ADDRESS SEMINOLE FL CITY ST-ZIP CHY ST ZIP WALKER, ELIZABETH G NAMI. 14941 SOVEREIGN DR LARGO FL 33774-4909 14404 YACHT-CLUB BEVD-14941 SOVEREIGN DR STREET ADDRESS STREET ADDRESS SEMINOLE FL CHIY-ST-7IP CITY-ST ZIP LARGO FL 33774-4909 ☐ Addition DHE nin NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-ST ZIP CITY ST ZIP ☐ Delete HDE ☐ Change Addition NAMI NAM STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY ST ZIP Delete Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY SL ZIP Addition Delete THE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY-S1-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Direction #

FILED