## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000056052

Address:

City-St-Zip:

1498 SW 5TH CT

BOCA RATON, FL 33432

Entity Name: 900 WIRELESS, INCORPORATED

FILED Apr 28, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1498 SW 5TH COURT BOCA RATON, FL 33432 **Current Mailing Address: New Mailing Address:** 1498 SW 5TH COURT BOCA RATON, FL 33432 FEI Number: 65-0647873 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUIST, THOMAS B 1498 SW 5TH COURT **SUITE 1615** BOCA RATON, FL 33432 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition BUIST, THOMAS Name: Name: 1498 SW 5TH COURT Address: Address: City-St-Zip: BOCA RATON, FL City-St-Zip: Title: **VPS** Title: ( ) Delete () Change () Addition BUIST, DAVID R Name: Name: 4377 SW 10TH PLACE #105 Address: Address: DEERFIELD BEACH, FL 33442 City-St-Zip: City-St-Zip: Title: Title: VPT ( ) Delete () Change () Addition BUIST, THOMAS C Name: Name: 1588 QUEEN TERR Address: Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: Title: VΡ ( ) Delete Title: () Change () Addition BUIST, KELLY A Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: THOMAS B BUIST P 04/28/2005