

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000016033

FILED
Feb 05, 2005
Secretary of State

Entity Name: ABSOLUTELY WIRELESS, INCORPORATED

Current Principal Place of Business:

249 WEST HIGHWAY 436
SUITE 1117
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

249 WEST STATE ROAD 436
SUITE 1117
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

PO BOX 161715
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

FEI Number: 59-3364518 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOLDEN, TINA
1192 CRISPWOOD COURT
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

HOLDEN, TINA M
1192 CRISPWOOD COURT
APOPKA, FL 32703 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: TINA M HOLDEN

02/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLDEN, TINA M MISS
Address: 1192 CRISPWOOD CT
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOLDEN, TINA M MISS
Address: PO BOX 161715
City-St-Zip: ALTAMONTE SPRINGS, FL 32703

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.

SIGNATURE: TINA M HOLDEN

PRES

02/05/2005

Electronic Signature of Signing Officer or Director

Date