

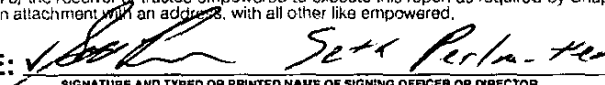


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90046 041 \*\*\*150.00

<b>DOCUMENT # P96000093139</b> 1. Entity Name <b>ZOOM WIRELESS, INC.</b>																													
Principal Place of Business <b>2001 S US 1</b> <b>FORT PIERCE, FL 34950 US</b>			Mailing Address <b>2001 S US 1</b> <b>FORT PIERCE, FL 34950 US</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip																											
City & State  Zip		City & State  Zip		4. FEI Number <b>65-0711237</b> Applied For <input type="checkbox"/> Not Applicable																									
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>CHAVES, ROBERT A</b> <b>2101 CORPORATE BOULEVARD</b> <b>SUITE 107</b> <b>BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 the obligations of registered agent.																													
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">SD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PERLMUTTER, SETH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1975 SOUTH U.S. 1</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>FORT PIERCE, FL 33495</td> <td></td> </tr> </table>			TITLE	SD	<input type="checkbox"/> Delete	NAME	PERLMUTTER, SETH		STREET ADDRESS	1975 SOUTH U.S. 1		CITY- ST- ZIP	FORT PIERCE, FL 33495		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P/D</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.																													
<b>SIGNATURE:</b>  <b>Seth Perlmutter</b> <span style="float: right;">✓ 3-23-05 ✓ 772-359-2145</span>																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													