

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000103709

Entity Name: WIRELESS WIZARD, INC.

FILED  
Jan 04, 2005  
Secretary of State

## Current Principal Place of Business:

98 C S. HWY 17-92  
DEBARY, FL 32713 US

## New Principal Place of Business:

2422 S RIDGEWOOD AVE  
SOUTH DAYTONA, FL 32119 US

## Current Mailing Address:

1689 N NORMANDY BLVD  
DELTONA, FL 32725

## New Mailing Address:

FEI Number: 59-3421002      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BELL, ARLIS G  
1689 N. NORMANDY BLVD.  
DELTONA, FL 32725 US

## Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete  
Name: BELL, ARLIS  
Address: 1689 N. NORMANDY BLVD.  
City-St-Zip: DELTONA, FL 32725

Title: VD ( ) Delete  
Name: MCINTYRE, JENNIFER W  
Address: 7 CANTER CLUB CT  
City-St-Zip: DEBARY, FL 32713

Title: STD ( ) Delete  
Name: BELL, JANICE S  
Address: 1689 N NORMANDY BLVD  
City-St-Zip: DELTONA, FL 32725

Title: D (X) Delete  
Name: ASHMORE, JAMES  
Address: 7 CANTER CLUB CT.  
City-St-Zip: DEBARY, FL 32713

Title: D (X) Delete  
Name: KEMP, KORIS  
Address: 145 N HALIPAX AVE SUITE 410  
City-St-Zip: DAYTONA BEACH, FL 32118

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ARLIS BELL

PD

01/04/2005

Electronic Signature of Signing Officer or Director

Date