

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000103709

Entity Name: WIRELESS WIZARD, INC.

**FILED**  
**Jun 02, 2008**  
**Secretary of State**

## **Current Principal Place of Business:**

2422 S RIDGEWOOD AVE  
SOUTH DAYTONA, FL 32119 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

1 JOHN ANDERSON DRIVE  
UNIT 101  
ORMOND BEACH, FL 32176

## **New Mailing Address:**

1345 WEST GRANADA BLVD  
SUITE 9  
ORMOND BEACH, FL 32174

FEI Number: 59-3421002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

BELL, ARLIS G  
1 JOHN ANDERSON DRIVE  
UNIT 101  
ORMOND BEACH, FL 32176 US

## **Name and Address of New Registered Agent:**

TRIVETT, JENNIFER W  
1345 WEST GRANADA BLVD  
SUITE 9  
ORMOND BEACH, FL 32174 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: JENNIFER WRENN TRIVETT

06/02/2008

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BELL, ARLIS G  
Address: 1 JOHN ANDERSON DRIVE, UNIT 101  
City-St-Zip: ORMOND BEACH, FL 32176

Title: VD ( ) Delete  
Name: MCINTYRE, JENNIFER W  
Address: 56 AUDUBON LANE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: STD ( ) Delete  
Name: BELL, JANICE S  
Address: 1 JOHN ANDERSON DRIVE, UNIT 101  
City-St-Zip: ORMOND BEACH, FL 32176

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: TRIVETT, STEPHEN W  
Address: 56 AUDUBON LANE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VD (X) Change ( ) Addition  
Name: TRIVETT, JENNIFER W  
Address: 56 AUDUBON LANE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: STD (X) Change ( ) Addition  
Name: TRIVETT, JENNIFER W  
Address: 56 AUDUBON LANE  
City-St-Zip: FLAGLER BEACH, FL 32136

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STEPHEN WAYNE TRIVETT

PD

06/02/2008

Electronic Signature of Signing Officer or Director

Date