2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000103709

Entity Name: WIRELESS WIZARD, INC.

FILED Mar 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2422 S RIDGEWOOD AVE 3830 S. NOVA ROAD

SOUTH DAYTONA, FL 32119 US STE. B3

PORT ORANGE, FL 32127 US

Current Mailing Address: New Mailing Address:

1345 WEST GRANADA BLVD 3830 S. NOVA ROAD

SUITE 9 STE. B3
ORMOND BEACH, FL 32174 PORT O

PORT ORANGE, FL 32127 US

FEI Number: 59-3421002 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:

TRIVETT, JENNIFER W
1345 WEST GRANADA BLVD
3830 S. NOVA ROAD

SUITE 9 STE. B3

ORMOND BEACH, FL 32174 US PORT ORANGE, FL 32127 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 W. TRIVETT 03/16/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: VPD (X) Change () Addition

 Name:
 TRIVETT, STEPHEN W
 Name:
 TRIVETT, STEPHEN W

 Address:
 56 AUDUBON LANE
 Address:
 56 AUDUBON LANE

 City-St-Zip:
 FLAGLER BEACH, FL 32136
 City-St-Zip:
 FLAGLER BEACH, FL 32136

Title: VD () Delete Title: PSTD (X) Change () Addition

 Name:
 TRIVETT, JENNIFER W
 Name:
 TRIVETT, JENNIFER W

 Address:
 56 AUDUBON LANE
 Address:
 56 AUDUBON LANE

 City-St-Zip:
 FLAGLER BEACH, FL 32136
 City-St-Zip:
 FLAGLER BEACH, FL 32136

Title: STD () Delete Title: PSTD (X) Change () Addition

Name:TRIVETT, JENNIFER WName:TRIVETT, JENNIFER WAddress:56 AUDUBON LANEAddress:56 AUDUBON LANECity-St-Zip:FLAGLER BEACH, FL 32136City-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: JENNIFER W. TRIVETT PRES 03/16/2009