

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000103709

Entity Name: WIRELESS WIZARD, INC.

FILED
Aug 21, 2009
Secretary of State**Current Principal Place of Business:**3830 S. NOVA ROAD
STE. B3
PORT ORANGE, FL 32127 US**New Principal Place of Business:****Current Mailing Address:**3830 S. NOVA ROAD
STE. B3
PORT ORANGE, FL 32127 US**New Mailing Address:**

FEI Number: 59-3421002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:TRIVETT, JENNIFER W
3830 S. NOVA ROAD
STE. B3
PORT ORANGE, FL 32127 US**Name and Address of New Registered Agent:**TRIVETT, STEPHEN W
3830 S. NOVA ROAD
STE. B3
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: STEPHEN W. TRIVETT

08/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: VPD () Delete
Name: TRIVETT, STEPHEN W
Address: 56 AUDUBON LANE
City-St-Zip: FLAGLER BEACH, FL 32136Title: PSTD () Delete
Name: TRIVETT, JENNIFER W
Address: 56 AUDUBON LANE
City-St-Zip: FLAGLER BEACH, FL 32136Title: PSTD (X) Delete
Name: TRIVETT, JENNIFER W
Address: 56 AUDUBON LANE
City-St-Zip: FLAGLER BEACH, FL 32136**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 32136Title: STD (X) Change () Addition
Name: TRIVETT, JENNIFER W
Address: 56 AUDUBON LANE
City-St-Zip: FLAGLER BEACH, FL 32136Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 W. TRIVETT

PRES

08/21/2009

Electronic Signature of Signing Officer or Director

Date