

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000003574

Entity Name: CELLULAR CITY, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

3334 TYRONE BLVD
ST PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

PO BOX 41581
ST PETERSBURG, FL 337431581

New Mailing Address:

FEI Number: 59-3418322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITTON, W. KENT
PO BOX 41581
ST PETERSBURG, FL 337431581 US

Name and Address of New Registered Agent:

LITTON, W. KENT
6461 64TH AVENUE
PINELLAS PARK, FL 33781 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:

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LITTON, KENT
Address: 3334 51ST ST BLVD E.
City-St-Zip: BRADENTON, FL 34208

Title: D () Delete
Name: LITTON, MARK
Address: 7701 40TH AVE N
City-St-Zip: ST PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: W. KENT LITTON

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date