

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90017 011 \*\*\*150.00

**DOCUMENT # P97000071639**

1. Entity Name  
**MAINSTREAM WIRELESS COMMUNICATIONS, INC.**



Principal Place of Business  
**3020 ALCAZAR PLACE  
#202  
PALM BEACH GARDENS, FL 33410**

Mailing Address  
**3020 ALCAZAR PLACE  
#202  
PALM BEACH GARDENS, FL 33410**

2. Principal Place of Business - No P.O. Box #  
**153 EAST THATCH PALM CIR.**

3. Mailing Address  
**153 EAST THATCH PALM CIR.**



04302008 Chg-P CR2E034 (12/06)

City & State  
**JUPITER FLA.**

City & State  
**JUPITER FLA.**

4. FEI Number  
**65-0776071**

Applied For  
☐ Not Applicable

Zip  
**33458**

Country  
**USA**

Zip  
**JUPITER FLA. 33458**

Country  
**33458**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KELLY, MICHAEL K  
2602 PEPPERWOOD CIRCLE NORTH  
NORTH PALM BEACH, FL 33410**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KELLY, MICHAEL K</b>		NAME	<b>153 E. THATCH PALM CIR</b>	
STREET ADDRESS	<b>3020 ALCAZAR PLACE #202</b>		STREET ADDRESS	<b>JUPITER, FLA. 33458</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33410</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **MICHAEL K. KELLY** **4/30/08** **(560) 346-8550**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #