2005 FOR PROFIT CORPORATION

ANNUAL REPORT **FILED** Apr 21, 2005 08:00 AM Secretary of State DOCUMENT # P98000045257 1. Entity Name CELLCITY COMMUNICATIONS, INC. Mailing Address Principal Place of Business 5600 W. COLONIAL DR. STE. 308 5600 W. COLONIAL DR. STE, 308 ORLANDO, FL 32808 ORLANDO, FL 32808 CR2E034 (10/03) 03292005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3513659 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORIMOTO, TOMOMI DO NOT WRITE 5600 W. COLONIAL DR. STE. 308 ORLANDO, FL 32808 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10, OFFICERS AND DIRECTORS TITLE MORIMOTO, TOMOMI NAME STREET ADDRESS 5600 W. COLONIAL DR. STE, 308 CITY-ST-ZIP ORLANDO, FL 32808 TITLE NAME MAI, SHAO F 5600 W. COLONIAL DR. STE. 308 STREET ADDRESS ORLANDO, FL 32808 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 1

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOMOM

Daytime Phone #