2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000101546

Entity Name: WHOLESALE CELLULAR CENTER, INC.

FILED Apr 28, 2005 Secretary of State

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

4251 N. FEDERAL HWY. SUITE 3

BOCA RATON, FL 33431 US

Current Mailing Address: New Mailing Address:

4251 N. FEDERAL HWY. 2439 N. FEDERAL HWY.

SUITE 3 BOCA RATON, FL 33431 US BOCA RATON, FL 33431 US

FEI Number: 65-0882121 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:

HENNINGS, GABRIEL 4251 NORTH FEDERAL HWY SUITE 3

BOCA RATON, FL 33431 US

HENNINGS, GABRIEL 2439 N. FEDERAL HWY. BOCA RATON, FL 33431 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: 04/28/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 HENNINGS, GABRIEL
 Name:
 HENNINGS, GABRIEL

 Address:
 4251 N FED HWY
 Address:
 2439 N. FEDERAL HWY.

 City-St-Zip:
 BOCA RATON, FL 33431
 City-St-Zip:
 BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GABRIEL HENNIGS P 04/28/2005