## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000033449

CHIORANDO, MICHAEL

3244 FALSON POINT DR

KISSIMMEE, FL 34741

Name:

Address:

City-St-Zip:

FILED Apr 29, 2005 Secretary of State

Entity Nar	ne: QUALITY	ONE WIRELESS INC.					
Current Principal Place of Business:				New Principal Place of Business:			
804 A ERIE DR OVIEDO, FL 32765				804 A EYRIE DR OVIEDO, FL 32765			
Current Mailing Address:				New Mailing Address:			
804 A ERIE DR OVIEDO, FL 32765				804 A EYRIE DR OVIEDO, FL 32765			
FEI Number: 22-3691848 FEI Number Applied For ( )		FEI Number Not Applicable ( )		Certificate of Status Desired ( )			
Name and	Address of C	Current Registered Agent:	Name an	Name and Address of New Registered Agent:			
ORLANDO The above in the State	E ELLENOR D ), FL 32809 named entity e of Florida.	US	ourpose of changing	its registered	office or registered agent, or bo	oth,	
SIGNATUR		nic Signature of Registered Ag	ont		 Date	_	
Election Car		g Trust Fund Contribution ( ).	ent		Date		
OFFICERS	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D ( ) CHIORANDO, 2208 WESTBO OVIEDO, FL 3	URNE DR	Title: Name: Address: City-St-Zip:	CHIORANDO 1029 WARD	CIRCLE		
Title: Name: Address: City-St-Zip:	V ( TURNER, VINC 317 LOMA DEL DAVENPORT, I	. SOL DR	Title: Name: Address: City-St-Zip:	,	( ) Change ( ) Addition		
Title:	s (	Delete	Title <sup>.</sup>		( ) Change ( ) Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN CHIORANDO 04/29/2005 D