2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000033449

Title:

Name:

Address:

City-St-Zip:

Entity Name: QUALITY ONE WIRELESS INC.

() Delete

2259 COACH HOUSE BLVD #4

MONTORE, ANTHONY

ORLANDO, FL 32812

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
QUALITY ONE WIRELESS INC 1500 TRADEPORT DRIVE ORLANDO, FL 32824				QUALITY ONE WIRELESS INC 1500 TRADEPORT DRIVE STE A ORLANDO, FL 32824		
Current Mailing Address:				New Mailing Address:		
QUALITY ONE WIRELESS INC 1500 TRADEPORT DRIVE ORLANDO, FL 32824				QUALITY ONE WIRELESS INC 1500 TRADEPORT DRIVE STE A ORLANDO, FL 32824		
FEI Number:	22-3691848	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name				lame and Address of New Registered Agent:		
CHIORANDO, JOHN 1500 TRADEPORT DRIVE ORLANDO, FL 32824 US				CHIORANDO, JOHN 1500 TRADEPORT DRIVE STE A ORLANDO, FL 32824 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:				04/09/2009		
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MR. () E CHIORANDO, JO 1290 OAKFORD OVIEDO, FL 327	PLACE		Title: (Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	MR. () E TURNER, VINCEI 317 LOMA DEL S DAVENPORT, FL	SOL DR		Title: (Name: Address: City-St-Zip:	() Change() Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANTHONY MONTORE COO 04/09/2009

() Change () Addition