## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-7IP

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

## FILED Jan 10, 2005 08:00 AM **DOCUMENT # P99000079788** Secretary of State 1. Entity Name WIRELESS DIMENSIONS OF TAMPA, INC. Principal Place of Business Mailing Address 12237 K UNIVERSITY MALL 335 PARADISE #63 INDIALANTIC, FL 32903 TAMPA, FL 33612 01032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3597209 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent GOVANTES, LUIS ... DO NOT WRITE 335 PARADISE BLVD #63 INDIALANTIC, FL 32903 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 register ed agent. bouantes SIGNATURE (NOTE, Registered Agent signature required when reinstating) 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 GOVANTES, LUIS G PRES NAME STREET ADDRESS 335 PARADISE BLVD #63 INDIALANTIC, FL 32903 CITY-ST-ZIP U00000174982 01/10/05-80032-021 150.00 TITLE NAME STREET ADDRESS 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. I hereby 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

TED NAME OF SIGNING OFFICER OR DIRECTOR