

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005125

FILED
Jan 26, 2011
Secretary of State

Entity Name: WIRELESS COMMUNICATIONS, INC.

Current Principal Place of Business:

4800 REAGAN DR.
CHARLOTTE, NC 28262

New Principal Place of Business:

9920 KINCEY AVE SUITE 175
HUNTERSVILLE, NC 28078

Current Mailing Address:

4800 REAGAN DR.
CHARLOTTE, NC 28262

New Mailing Address:

9920 KINCEY AVE SUITE 175
HUNTERSVILLE, NC 28078

FEI Number: 56-1946346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

USA-RA LLC
852 PRUDENTIAL DR 12TH FLOOR
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CPT
Name: DAGOSTIN, LEO
Address: 15712 FRAMINGHAM LANE 5
City-St-Zip: HUNTERSVILLE, NC 28078

Title: VCVF
Name: BUIE, CHARLES
Address: 1920 OLD GREYLYN COURT
City-St-Zip: CONCORD, NC 28027

Title: S
Name: BUIE, CHARLES
Address: 1920 OLD GREYLYN COURT
City-St-Zip: CONCORD, NC 28027

Title: CFO
Name: DAWLEY, DENNIS
Address: 18816-8 NAUTICAL DR
City-St-Zip: CORNELIUS, NC 28031

Title: COO
Name: HENSLEY, JEFF
Address: 7501 WESTRAY COURT
City-St-Zip: CHARLOTTE, NC 28269

Title: DIR
Name: HAYNES, ROBERT
Address: 196 DEER RUN DR
City-St-Zip: TROUTMAN, NC 28166

I hereby 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 all other like empowered.

SIGNATURE: LEO DAGOSTIN

PRES

01/26/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date