

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90172 045 ***158.75

DOCUMENT # F04000001032

1. Entity Name
GMP WIRELESS MEDICINE, INC.



Principal Place of Business
**ONE EAST BROWARD BLVD., SUITE 1701
 FORT LAUDERDALE, FL 33301**

Mailing Address
**ONE EAST BROWARD BLVD., SUITE 1701
 FORT LAUDERDALE, FL 33301**

40054006



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202006 Chg-P CR2E034 (11/05)

4. FEI Number

65-1079987

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name **Shelley A. Hartman**
 Street Address (P.O. Box Number is Not Acceptable)
**One E. Broward Blvd.
 Suite 1701**
 City **Fort Lauderdale** FL Zip Code **33301**

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 registered agent.

SIGNATURE

Shelley A. Hartman

(NOTE: Registered Agent signature required when reinstating)

4-13-06

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** Delete
 NAME **LIKENS, MATTHEW E.**
 STREET ADDRESS **ONE E. BROWARD BLVD., SUITE 1701**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE Change Addition
 NAME **T Balaban, Cheryl**
 STREET ADDRESS **One E. Broward Blvd., Ste. 1701**
 CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE **T** Delete
 NAME **CANDELARIA, BENJAMIN**
 STREET ADDRESS **ONE EAST BROWARD BLVD., SUITE 1701**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE Change Addition
 NAME **Raney, Jeffrey**
 STREET ADDRESS **One E. Broward Blvd., Ste. 1701**
 CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE **S** Delete
 NAME **CHRISTMAS, PATRICK J.**
 STREET ADDRESS **ONE EAST BROWARD BLVD., SUITE 1701**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KING, SPENCER III**
 STREET ADDRESS **95 COLLIER ROAD N.W., SUITE 2075**
 CITY-ST-ZIP **ATLANTA, GA 30309**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HARTMAN, SHELLEY**
 STREET ADDRESS **ONE EAST BROWARD BLVD., SUITE 1701 -**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **P/D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shelley A. Hartman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-06

DATE

954-745-3510

DAYTIME PHONE #