


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 A
Secretary of State


DOCUMENT # P05000137250
 1. Entity Name
4G UNWIRED, INC.



Principal Place of Business
**SOUTH APOLLO BLVD
 SUSITE 102
 MELBOURNE, FL 32901**

Mailing Address
**551 SOUTH APOLLO BLVD
 SUITE 102
 MELBOURNE, FL 32901**

DO NOT WRITE IN THIS SPACE



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SEWARD, FRANCIS M JR.
 738 SAMUEL CHASE LANE
 W MELBOURNE, FL 32904**

DO NOT WRITE 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 registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, SCOTT 1448 SCEPTER CT NE PALM BAY, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, MARK 114 MARION ST INDIAN HARBOUR BCH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEWARD, FRANCIS M 738 SAMUEL CHASE LANE W MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEAGREN, MARK 839 BERKSHIRE DR ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000644754
 03/02/07-80056-012 150.00

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: *Scott A. Robinson* **SCOTT A. ROBINSON** 20 FEB 07, 321-726-4183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone