

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000137250

Entity Name: 4G UNWIRED, INC.

FILED
Feb 20, 2008
Secretary of State

Current Principal Place of Business:

551 SOUTH APOLLP BLVD.
SUITE 102
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

551 SOUTH APOLLP BLVD.
SUITE 102
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEWARD, FRANCIS M JR.
551 SOUTH APOLLO BLVD., SUITE 102
MELBOURNE, FL 32901 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBINSON, SCOTT
Address: 1448 SCEPTER CT NE
City-St-Zip: PALM BAY, FL 32904

Title: D () Delete
Name: COLE, MARK
Address: 114 MARION ST
City-St-Zip: INDIAN HARBOUR BCH, FL 32937

Title: D () Delete
Name: SEWARD, FRANCIS M
Address: 738 SAMUEL CHASE LANE
City-St-Zip: W MELBOURNE, FL 32904

Title: D () Delete
Name: SEAGREN, MARK
Address: 839 BERKSHIRE DR
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SEWARD, FRANCIS M
Address: 1695 EMMAUS RD NW
City-St-Zip: PALM BAY, FL 32907

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SCOTT ROBINSON

PRES

02/20/2008

Electronic Signature of Signing Officer or Director

Date