2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006167

Entity Name: CLEARWIRE TECHNOLOGIES, INC.

FILED May 31, 2006 Secretary of State

Current Principal Place of Business:			New Prir	New Principal Place of Business:		
SUITE 300	WASHINGTOI WA 98033	N BLVD NE				
Current Mailing Address:			New Mai	New Mailing Address:		
5808 LAKE WASHINGTON BLVD NE SUITE 300 KIRKLAND, WA 98033						
FEI Number:	75-2773497	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US						
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	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:	SALEMME, R. GI	HINGTON BLVD NE SUITE 300	Title: Name: Address: City-St-Zip:	MCCAW, CRAI 5808 LAKE WA	ASHINGTON BLVD NE SUITE 300	
Title: Name: Address: City-St-Zip:	WOLFF, BENJAM	HINGTON BLVD NE SUITE 300	Title: Name: Address: City-St-Zip:	WOLFF, BENJ 2300 CARILLO	N POINT	
Title: Name: Address: City-St-Zip:	TARGETT, MICH	HINGTON BLVD NE SUITE 300	Title: Name: Address: City-St-Zip:	TARGETT, MIC 5808 LAKE WA	ASHINGTON BLVD NE SUITE 300	
Title: Name: Address: City-St-Zip:	CFO ()[BUTLER, JOHN 5808 LAKE WAS KIRKLAND, WA	HINGTON BLVD NE SUITE 300	Title: Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	EDNIE, STEVE	Delete HINGTON BLVD NE SUITE 300 98033	Title: Name: Address: City-St-Zip:	EDNIE, STEVE 5808 LAKE WA	ASHINGTON BLVD NE SUITE 300	
Title: Name: Address: City-St-Zip:	SODOS-WALLAC	HINGTON BLVD NE SUITE 300	Title: Name: Address: City-St-Zip:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: BENJAMIN G. WOLFF VCCP 05/31/2006