

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000060396**

1. Entity Name  
**JUMPSTART WIRELESS CORPORATION**



Principal Place of Business  
 900 NW 17TH AVENUE STE 202  
 DELRAY BEACH FL 33445

Mailing Address  
 900 NW 17TH AVENUE STE 202  
 DELRAY BEACH FL 33445



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **65-1024632**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BONAR, JEFFREY**  
**702 LAKE SHORE DRIVE**  
**DELRAY BEACH FL 33444**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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 PSD  Delete  
 NAME BONAR, JEFFREY  
 STREET ADDRESS 900 NW 17TH AVENUE #202  
 CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 U00000705215  
 04/23/07-80044-007 150.00

TITLE D  Delete  
 NAME OLMSTEAD, JOHN  
 STREET ADDRESS 75 SPRING STREET 4TH FLOOR  
 CITY-ST-ZIP NEW YORK NY 10012

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME BOHLKE, EDWARD  
 STREET ADDRESS 109 PECKAM LANE  
 CITY-ST-ZIP DORSET VT 05251

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME ENGLER, EDWARD  
 STREET ADDRESS 600 GRANT ST, 53RD FLOOR  
 CITY-ST-ZIP PITTSBURGH PA 15219

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME GREENBERG, ROBERT B  
 STREET ADDRESS 7038 NW 63RD WAY  
 CITY-ST-ZIP PARKLAND FL 33067

TITLE  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 Section 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:

*[Handwritten Signature]*

**Jeffrey G. Bonar**

BONAR 10 April 2007

561-243-4700 ext 101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #