


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # P02000043934 1. Entity Name LEADING EDGE WIRELESS, INC.	
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Principal Place of Business 3742 SARAH BROOKE CT JACKSONVILLE, FL 32277	Mailing Address 3742 SARAH BROOKE CT JACKSONVILLE, FL 32277
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03132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3665223	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARSHBURN, JIMMY L 3742 SARAH BROOKE CT JACKSONVILLE, FL 32277
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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**

**U00000669656
03/27/07-80081-009 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHBURN, JIMMY L 3742 SARAH BROOKE CT JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHBURN, JOYCE G 3742 SARAH BROOKE CT JACKSONVILLE, FL 32277
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Jimmy L. Marshburn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JIMMY L. MARSHBURN

3/15/07 904-744-8360
Date Daytime Phone #