

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90368 043 \*\*\*150.00

60023341



01052006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P03000028352</b> 1. Entity Name <b>STRATEGIC WIRELESS NETWORKS, INC.</b>					
Principal Place of Business <b>16552 NORTHDAL OAKS DR STE 100 TAMPA, FL 33624</b>			Mailing Address <b>16552 NORTHDAL OAKS DR STE 100 TAMPA, FL 33624</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>32-0058933</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GILMAN, RICHARD A 166552 NORTHDAL OAKS DR TAMPA, FL 33624</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <input type="checkbox"/> Delete NAME : <b>DP</b> STREET ADDRESS <b>GILMAN, RICHARD A</b> CITY- ST- ZIP <b>16552 NORTHDAL OAKS DR TAMPA, FL 33624</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP		
TITLE <input type="checkbox"/> Delete NAME <b>VS</b> STREET ADDRESS <b>GILMAN, MICHAEL A</b> CITY- ST- ZIP <b>16482 NORTHDAL OAKS DR TAMPA, FL 33624</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>Richard A. Gilman</u> <b>Richard A. Gilman Pres.</b> <b>4-1-06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

813-505-7672