2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069701

FILED Feb 13, 2006 Secretary of State

Entity Name: MOBILE BROADBAND NETWORKS, INC.						
Current Pr	incipal Place	of Business:	New Princi	New Principal Place of Business:		
1458 COVE LONGWOO	HILL CT. DD, FL 32750			2854 NESMITH CT. OVIEDO, FL 32765		
Current Ma	ailing Address	s:	New Mailir	New Mailing Address:		
1458 COVE HILL CT. LONGWOOD, FL 32750				2854 NESMITH CT. OVIEDO, FL 32765		
FEI Number:	56-2370753	FEI Number Applied For ()	El Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
	HILL CT DD, FL 32750	US		i- -		
in the State	of Florida.	ubmits this statement for the purpo	se or changing it	s registerea	office of registered agent, or both,	
SIGNATUR	E:					
Electronic Signature of Registered Agent Date					Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$		
Title: Name: Address: City-St-Zip:	P/D () FRIEDMAN, PET 1504 FARRINDO HEATHROW, FL	ON CIRCLE	Title: Name: Address: City-St-Zip:	FRIEDMAN, F	IDON CIRCLE	
Title: Name: Address: City-St-Zip:	VP/D () AMBROSE, FRA 1955 WEST FIF COLUMBUS, OF	TH STREET	Title: Name: Address: City-St-Zip:	P/D (AMBROSE, F 2854 NESMIT OVIEDO, FL	ГН СТ.	
Title: Name: Address: City-St-Zip:	VP/D () AMBROSE, MIK 1955 WEST FIF COLUMBUS, OF	TH STREET	Title: Name: Address: City-St-Zip:	AMBROSE, N	FIFTH STREET	
Title: Name: Address: City-St-Zip:	D () TRIBBETT, BOB 1458 COVE HILI LONGWOOD, FI	L CT.	Title: Name: Address: City-St-Zip:	D (TRIBBETT, Bo 2854 NESMIT OVIEDO, FL	TH CT	
Title: Name: Address: City-St-Zip:	EVPD (X) MARKO, RICHAI 1458 COVE HILI LONGWOOD, FI	L CT	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: PETER FRIEDMAN 02/13/2006 D