

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90069 020 ***150.00

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1. Entity Name
INTEGRATED WIRELESS INTERNATIONAL, INC.



Principal Place of Business
**205 EAST CENTRAL BLVD
STE 205
ORLANDO, FL 32801-1902 US**

Mailing Address
**302 BLACKWATER PLACE
LONGWOOD, FL 32750 US**



03292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0237719

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PETERSON, DONALD R
302 BLACKWATER PLACE
LONGWOOD, FL 32750**

**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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PETERSON, DONALD R
STREET ADDRESS	302 BLACKWATER PLACE
CITY - ST - ZIP	LONGWOOD, FL 32750
TITLE	CFO
NAME	BERQUIST, DENNIS L
STREET ADDRESS	205 E CENTRAL BLVD, STE 205
CITY - ST - ZIP	ORLANDO, FL 328011902
TITLE	CEO
NAME	WHEELER, KEITH D
STREET ADDRESS	2145 S. KIRKMAN ROAD #183
CITY - ST - ZIP	ORLANDO, FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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: Keith Wheeler **KEITH WHEELER** 3/29/07 407-522-7681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #