## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000100144

City-St-Zip:

FILED Feb 22, 2007 Secretary of State

Entity Nar	me: 4G COMN	MUNICATIONS, INC.				
Current P	rincipal Place	of Business:	New Pri	New Principal Place of Business:		
701 S. HOʻ SUITE 106 TAMPA, FI						
	lailing Addres	s:	New Ma	iling Addres	s:	
700 SLEAT STE B BOX LACEY, W			STE 500	STREET ) EVILLE, NC :	28391 US	
FEI Number:	: 20-3252610	FEI Number Applied For ( )	FEI Number Not A	pplicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name a	nd Address o	f New Registered Agent:	
701 S. HO' SUITE 106	CK, SCOTT WARD AVENU 3-344 L 33606 US	JE				
	named entity see of Florida.	submits this statement for the p	urpose of changin	g its registere	d office or registered agent, or botl	٦,
SIGNATUF	RE:					
		ic Signature of Registered Age	ent		Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DIR () GIBSON, TIMOT 380 WOOD RUI SANFORD, NC	N	Title: Name: Address: City-St-Zip	CTO GIBSON, TI 380 WOOD SANFORD,		
Title: Name: Address: City-St-Zip:	DIR () RUESGA, RAND 1009 PACIFIC F LACY, WA 9850	PARK DR, SE	Title: Name: Address: City-St-Zip	214 EASTFI	(X) Change () Addition ANDOLPH D ELD AVE NC 28391 US	
Title: Name: Address: City-St-Zip:	DIR () BOHNSACK, SC 3231 W OAKEL TAMPA, FL 336	LAR AVE	Title: Name: Address: City-St-Zip	v:	( ) Change ( ) Addition	
Title: Name: Address:	( )	Delete	Title: Name: Address:	COO CALLAHAN, 6450 FAIRO	( ) Change (X) Addition JOHN H ELOTH BRIDGE RD	

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.

Address: City-St-Zip:

STEDMAN, NC 28391

SIGNATURE: JOHN CALLAHAN COO 02/22/2007