2007 FOR PROFIT CORPORATION

Apr 06, 2007 8:00 am Secretary of State 04-06-2007 90032 013 ***150.00

ANNUAL REPORT	
DOCUMENT # P06000005792 1. Entity Name 4G INTERNET, INC.	

1. Entity Name		IC.			e.						
Principal Place 544 BALMOR	RAL DRIVE 8297 CHAMPIONSGATE BLVD #			#321		4005181	4				
DAVENPORT, FL 33837 CHAMPSIONSGATE, FL 33896 2. Principal Place of Business - No P.O. Box # 3. Mailing Address											
· · · · · · · · · · · · · · · · · · ·			20/1/	3. Maining Address			1 186/188/ 111	• • • • • • • • • • • • • • • • • • •	ii aali aalal a	 	
Suite, Apt. #, etc.			1	Suite, Apt #, etc.			03262007	Chg-P	CR2E0	34 (12/06)	
City & State			City & State			4. FEI Numbe	er .	,,		pplied For of Applicable	
Zip	Country Zip		Zip	Country		5. Certificate	of Status Desired		\$8.75 Add	ditional	
	8. Nam	and Address	of Current Reg	stered Agent	<u> </u>		7. Name and	Address of New F			
CORPDIRECT AGENTS				Name							
515 EAST PARK AVENUE TALLAHASSEE, FL 32301						Street Address (P.O. Box Number	er is Not Acceptable	e) 		
										"T =	-
A 71						City			FL	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_	Signature byoe	d or printed name of r	egistered agent and title	e if applicable (NC	OTF: Registers	d Agent signature require	d when reinstation)		DATE		
							· ·				
		FEE IS \$1 7 Fee will !	50.00 be \$550.00	9. Election Camp Trust Fund Co			.00 May Be led to Fees				
10.		OFF	ICERS AND DIR	ECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE NAME	D NIELD, G	SARY		☐ Delete	TITL					☐ Change	Addition
STREET ADDRESS	THORNCLIFFE HALL HOLLINGWORTH CHESHIRE STRE				EET ADDRESS '-ST-ZIP						
TITLE	<u> </u>			☐ Delete	TITL		,,			☐ Change	Addition
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NAME Street Address					NAM SIRI	KE EET ADDRESS					
CITY-ST-ZIP	<u> </u>					-ST-ZIP			L		
12. I hereby certify that the information supplied with this filling 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.											

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863-424-2690