

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000094745

Entity Name: FLORIDA WIRELESS GROUP, INC.

FILED
Jun 22, 2009
Secretary of State

Current Principal Place of Business:

6729 COLONNADE AVE, SUITE 111
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

6729 COLONNADE AVE, SUITE 111
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 20-5220631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COURSON, KEVIN T
3514 FODDER DRIVE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COURSON, KEVIN T
Address: 175 CARRIGAN BOULEVARD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP () Delete
Name: COURSON, CHRISTINA
Address: 175 CARRIGAN BOULEVARD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S () Delete
Name: COURSON, CHRISTINA
Address: 175 CARRIGAN BOULEVARD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T () Delete
Name: COURSON, KEVIN T
Address: 175 CARRIGAN BOULEVARD
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COURSON, KEVIN T
Address: 3514 FODDER DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP (X) Change () Addition
Name: COURSON, CHRISTINA
Address: 3514 FODDER DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: S (X) Change () Addition
Name: COURSON, CHRISTINA
Address: 3514 FODDER DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: T (X) Change () Addition
Name: COURSON, KEVIN T
Address: 3514 FODDER DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTINA COURSON

VP

06/22/2009

Electronic Signature of Signing Officer or Director

_____ Date