2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000073543

Title:

Name:

Address:

City-St-Zip:

Entity Name: ROVER WIRELESS CORPORATION

() Delete

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
9625 WES KEARNEY WAY RIVERVIEW, FL 33569				5115 JOANNE KEARNEY BLVD. TAMPA, FL 33619			
Current Mailing Address:				New Mailing Address:			
9625 WES KEARNEY WAY RIVERVIEW, FL 33569				5115 JOANNE KEARNEY BLVD. TAMPA, FL 33619			
FEI Number:	06-1576416	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
WARD, WILLIAM CRAIG 9625 WES KEARNEY WAY RIVERVIEW, FL 33569 US				WARD, WILLIAM CRAIG 5115 JOANNE KEARNEY BLVD. TAMPA, FL 33619 US			
	named entity su of Florida.	ubmits this statement for the po	urpose o	f changing it	ts registere	d office or registered agent, or both,	
SIGNATURE:				04/26/2007			
Electronic Signature of Registered Agent				Date			
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	D () [WARD, WILLIAW 9625 WES KEAF RIVERVIEW, FL	NEY WAY		Title: Name: Address: City-St-Zip:		(X) Change () Addition LLIAM CRAIG NE KEARNEY BLVD. 33619	
Title: Name: Address: City-St-Zip:	P ()[KEARNEY, BRYA 9625 WES KEAR RIVERVIEW, FL	NEY WAY		Title: Name: Address: City-St-Zip:	P KEARNEY, 5115 JOAN TAMPA, FL	NE KEARNEY BLVD.	
Title: Name: Address: City-St-Zip:	VP ()[SIMON, MORGAI 9625 W KEARNY RIVERVIEW, FL	′WY		Title: Name: Address: City-St-Zip:	VP SIMON, MC 5115 JOAN TAMPA, FL	NE KEARNEY BLVD.	

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.

Title:

Name:

Address:

City-St-Zip:

CFO

HAUGLAND, SCOTT

TAMPA, FL 33619

5115 JOANNE KEARNEY BLVD.

() Change (X) Addition

SIGNATURE: BRYAN G KEARNEY P 04/26/2007