


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000073543**  
 1. Entity Name  
**ROVER WIRELESS CORPORATION**



Principal Place of Business      Mailing Address  
**5115 JOANNE KEARNEY BLVD.**      **5115 JOANNE KEARNEY BLVD.**  
**TAMPA, FL 33619**      **TAMPA, FL 33619**

**DO NOT WRITE IN THIS SPACE**



01222008      No Chg-P      CR2E034 (11/05)

4. FEI Number <b>06-1576416</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**WARD, WILLIAM CRAIG**  
**5115 JOANNE KEARNEY BLVD.**  
**TAMPA, FL 33619**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

U00000918972  
 05/13/08-80103-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WARD, WILLIAM CRAIG
STREET ADDRESS	5115 JOANNE KEARNEY BLVD.
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	P
NAME	KEARNEY, BRYAN G
STREET ADDRESS	5115 JOANNE KEARNEY BLVD.
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	VP
NAME	SIMON, MORGAN
STREET ADDRESS	5115 JOANNE KEARNEY BLVD.
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	CFO
NAME	HAUGLAND, SCOTT
STREET ADDRESS	5115 JOANNE KEARNEY BLVD.
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**       **4/19/08**      **813-699-1112**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #