2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S26923

Entity Name: WIFLHOTSPOTS INC.

FILED Mar 14, 2007 Secretary of State

		101 0 10, 1110.			
Current Principal Place of Business:			New Principal Place of Business:		
P. O. BOX PEMBRO	(840855 KE PINES, FL	33026			
Current Mailing Address:			New Mailing Address:		
P. O. BOX PEMBRO	(840855 KE PINES, FL	33026			
FEI Number	: 65-0257379	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
18252 NW	HARBECK /. 15 CT. KE PINES, FL	33029 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	jent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (GARY D. HARE 18252 N.W. 15 PEMBROKE P	СТ.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD (DIANE M. HAR 18252 N.W. 15 PEMBROKE P	ст	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (JASON G. HAR 18252 NW 15 PEMBROKE P	СТ	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.