

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002072

FILED
Mar 16, 2006
Secretary of State

Entity Name: VERIFIED IDENTITY PASS, INC.

Current Principal Place of Business:

1270 AVENUE OF THE AMERICAS
NEW YORK, NY 10020

New Principal Place of Business:

Current Mailing Address:

1270 AVENUE OF THE AMERICAS
NEW YORK, NY 10020

New Mailing Address:

FEI Number: 01-0799820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAMES, LAURENCE C
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: BRILL, STEVEN
Address: 1270 AVENUE OF THE AMERICAS, SUITE 508
City-St-Zip: NEW YORK, NY 10020

Title: S () Delete
Name: BRILL, CYNTHIA
Address: 1270 AVENUE OF THE AMERICAS, SUITE 508
City-St-Zip: NEW YORK, NY 10020

Title: D () Delete
Name: BERGER, SAMUEL
Address: 555 13TH STREET, N.W.
City-St-Zip: WASHINGTON, DC 200041109

Title: D () Delete
Name: BERKENFELD, STEVEN
Address: 399 PARK AVE., 9TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: BLACK, CHARLIE
Address: 1801 K STREET, N.W.
City-St-Zip: WASHINGTON, DC 20006

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: R.LOOKNAUTH

Electronic Signature of Signing Officer or Director

SACT

03/16/2006

_____ Date