2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003729

Entity Name: VIRYANET, INC

FILED Apr 29, 2005 Secretary of State

Littly Na	IIIC. VIKTANL	II, IING.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2 WILLOW SOUTHBO	/ST. DROUGH, MA	01745				
Current Mailing Address:			New Maili	New Mailing Address:		
2 WILLOW SOUTHBO	/ ST. DROUGH, MA	01745				
FEI Number: 04-3224746 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()				
Name and	Address of (Current Registered Agent:	Name and	Address o	f New Registered Agent:	
4435 OLD	RG EXCELSION WINTER GAR D, FL 32811	R CORP. SERVICES, INC. IDEN RD. US				
	named entity e of Florida.	submits this statement for the	e purpose of changing i	its registere	d office or registered agent, or both	
SIGNATUI	RE:					
	Electron	nic Signature of Registered A	Agent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	HACOHEN, SA 2 WILLOW ST		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	BURKE, WIN 2 WILLOW ST) Delete IGH, MA 01745	Title: Name: Address: City-St-Zip:	PCEO BROOKS, P 2 WILLOW SOUTHBOR		
Title: Name: Address: City-St-Zip:	GABRIELLI, AE 2 WILLOW ST		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	BURKE, WIN 2 WILLOW ST) Delete REET GH, MA 01745	Title: Name: Address: City-St-Zip:	D HACOHEN, 2 WILLOW SOUTHBOR		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALBERT A. GABRIELLI CFO 04/29/2005