


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F02000001273</b> 1. Entity Name VITAL NETWORK SERVICES, INC.	
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Principal Place of Business 14520 MCCORMICK DR. TAMPA, FL 33626	Mailing Address 14520 MCCORMICK DR. TAMPA, FL 33626
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<b>DO NOT WRITE IN THIS SPACE</b>
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04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 77-0578166	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

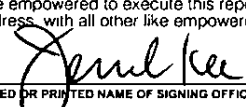
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO KOEHLER, JOHN A 14520 MCCORMICK DR. TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO KEE, JERREL W 14520 MCCORMICK DR. TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KEE, JERREL W 14520 MCCORMICK DR. TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRI, PAUL J 1000 WINTER STREET, SUITE 4500 WALTHAM, MA 02451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSO, CARL 595 PARK AVENUE, #103 SAN JOSE, CA 95110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/23/07-80008-023 150.00

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.	
<b>SIGNATURE:</b> 	4-18-07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>