2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002072

Entity Name: VERIFIED IDENTITY PASS, INC.

FILED Jul 12, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
1270 AVENUE OF THE AMERICAS NEW YORK, NY 10020				600 THIRD AVENUE 10TH FLOOR NEW YORK, NY 10016				
Current Mailing Address:				New Mailing Address:				
1270 AVENUE OF THE AMERICAS NEW YORK, NY 10020			600 THIRD AVENUE 10TH FLOOR NEW YORK, NY 10016					
FEI Number: 01-0799820 FEI Number Applied For () FEI Number					ber Not Applicable () Certificate of Status Desired (X)			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
HAMES, LAURENCE C 215 NORTH EOLA DRIVE ORLANDO, FL 32801 US 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				
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:								
Title:		Delete		Title:		() Change()A		
Name:	BRILL, STEVEN			Name:	BRILL, STEVE	N		
Address: City-St-Zip:	1270 AVENUE O NEW YORK, NY	F THE AMERICAS, SUITE 508 10020		Address: City-St-Zip:	600 THIRD AV NEW YORK, N		LOOR	
Title:	S ()[Delete		Title:	S (X	() Change () A	Addition	
Name:	BRILL, CYNTHIA			Name:	BRILL, CYNTH		LOOR	
Address: City-St-Zip:	NEW YORK, NY	F THE AMERICAS, SUITE 508 10020		Address: City-St-Zip:	600 THIRD AV NEW YORK, N		LOOK	
Title:	D ()	Delete		Title:	D (X	() Change()A	Addition	
Name:	BERGER, SAMU			Name:	HARRINGTON	, ANTHONY		
Address: City-St-Zip:	555 13TH STREE WASHINGTON, I			Address: City-St-Zip:	555 13TH STR WASHINGTON	,		
Title:	J () D	Delete		Title:	() Change () A	Addition	
Name: Address:	BERKENFELD, S 399 PARK AVE.,			Name: Address:				
City-St-Zip:	NEW YORK, NY			City-St-Zip:				
Title:	()	Delete		Title:	() Change () A	Addition	
Name: Address:	BLACK, CHARLII 1801 K STREET,			Name: Address:				
City-St-Zip:	WASHINGTON, [City-St-Zip:				
Title:	1()	Delete		Title:	0 () Change (X) A	Addition	
Name: Address:				Name: Address:	LARRISON, TII 600 THIRD AV			
City-St-Zip:				City-St-Zip:	NEW YORK, N			

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY K. LARRISON CFO 07/12/2007