


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90168 017 \*\*\*150.00

<b>DOCUMENT # F05000002919</b> 1. Entity Name <b>THE VIRTUAL PRIVATE COMMUNITY NETWORK, INC.</b>			
Principal Place of Business <b>398 W. CAMINO GARDENS BLVD., SUITE 110 BOCA RATON, FL 33432</b>		Mailing Address <b>398 W. CAMINO GARDENS BLVD., SUITE 110 BOCA RATON, FL 33432</b>	
2. Principal Place of Business <b>240 W. PALMETTO PARK ROAD</b> Suite, Apt. #, etc. <b>210</b>		3. Mailing Address <b>240 W. PALMETTO PARK ROAD</b> Suite, Apt. #, etc. <b>210</b>	
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>	
Zip <b>33432</b>		Country <b>USA</b>	
4. FEI Number <b>20-2494436</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FISCHER, HAROLD S 398 W. CAMINO GARDENS BLVD., SUITE 110 BOCA RATON, FL 33432</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>240 W. PALMETTO PARK ROAD, SUITE 210</b> City <b>BOCA RATON</b> FL <b>33432</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENNA, LAWRENCE T 398 W. CAMINO GARDENS BLVD., SUITE 110 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FISCHER, HAROLD S 398 W. CAMINO GARDENS BLVD., SUITE 110 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 240 W. PALMETTO PARK ROAD, SUITE 210 BOCA RATON, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ERIC H. BERKOWITZ 240 W. PALMETTO PARK ROAD, SUITE 210 BOCA RATON, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS JORDAN 240 W. PALMETTO PARK RD, SUITE 210 BOCA RATON, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: _____ TREASURER		Date <b>4-16-2006</b> Daytime Phone # <b>561-351-0812</b>	