

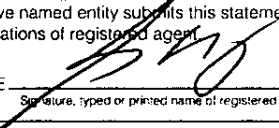
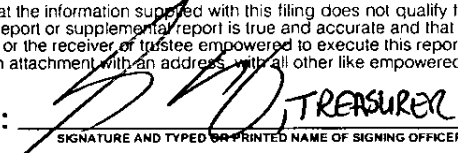


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90089 012 ***150.00

DOCUMENT # F05000002919					
1. Entity Name THE VIRTUAL PRIVATE COMMUNITY NETWORK, INC. INVISOSOFT, INC.					
Principal Place of Business 240 W PALMETTO PARK RD 210 BOCA RATON, FL 33432			Mailing Address 240 W PALMETTO PARK RD 210 BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box # 1035 STATE ROAD 7		3. Mailing Address 1035 STATE ROAD 7		 03212007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. SUITE 316,		Suite, Apt. #, etc. SUITE 316,			
City & State WELLINGTON, FL		City & State WELLINGTON, FL			
Zip 33414	Country USA	Zip 33414	Country USA		
4. FEI Number 20-2494436				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FISCHER, HAROLD S 240 W PALMETTO PARK RD 210 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name BERKOWITZ, ERIC H. Street Address (P.O. Box Number is Not Acceptable) 1035 STATE ROAD 7 SUITE 316, City WELLINGTON FL Zip Code 33414		
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  DATE 4/5/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERKOWITZ, ERIC H 240 E PALMETTO PARK RD., STE 210 BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1035 STATE ROAD 7, SUITE 316, WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISCHER, HAROLD S 240 W. PALMETTO PARK RD., STE 210 BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1035 STATE ROAD 7, SUITE 316, WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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			4/5/2007 (561) 351-0812		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		