2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F05000002919 1. Entity Name THE VIRTUAL PRIVATE COMMUNITY NETWORK, INC. INVISOSOFT, INC.								04-09-2007 90089 012 ***150.00				
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				 [11] 110	I BLIET ETTI BRITT ERKI BRIT		10 18 3 8 1848 1 8	
2. Principal Place of Business - No P.O. Box # 1035 STATE ROAD 7				3. Mailing Address 1035 STATE ROPO 7								
Suite, Apt. #, eth				Suite, Apt. #, etc. Suite 316,				03212007	Chg-P	CR2E0	34 (12/06)	
WELLINGTON, FL				WELLINGTON, FL				4. FEI Numb 20-249	-		- + -	oplied For of Applicable
33414	Country USA			Zip Cou		itry SA	5. Certificate of Status Desired		of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name 7. Special Sp						
FISCHER, HAROLD S 240 W PALMETTO PARK RD						Street Address (P.O. Box Number is Not Acceptable) 1035 STATE ROAD 7						
210 BOCA RATON, FL 33432				_			ITE 316.					
555/11011511,12 55452						City		rhgton		FL	Zip Cod	
The above named entity sub-hits this statement for the purpose of changing its registered office or regist the obligations of registered agent.								-	th, in the State of Flo		amiliar with,	and accept
SIGNATURE SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added												
10.	OFFICERS AND DIRECTORS 11 T Delete 10					F		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS Change	S IN 11
NAME Street Address	BERKOWITZ, ERIC H 240 E PALMETTO PARK RF., STE 210 NAME OF THE PARK RF.						1035	STATE ROA	07, sun€ 3/6 ≈ 33414	? <i>,</i>		
TITLE	P Delete TITL						Well	<u> </u>			A Change	Addition
ľ						EET ADDRESS	1035	STATE ROA	57, SURE 316,	<i>,</i> ,		
CITY-ST-ZIP TITLE	BOCA RATON, FL 33432 CIT						WELL	INGTON)	FL 33414		€ Change	☐ Addition
NAME	JORDAN, DENNIS NAI						เกรร	STATE R	DAD 7 SUITE	316,	EX onlingo	
STREET ADDRESS CITY-ST-ZIP	.					-ST-ZIP	MEL	LINGTON	6AD 7, SUITE FL 33414			
TITLE NAME				☐ Delete	TITLE MAM	E		•	•		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP						
TITLE				☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					STRE	EET ADORESS '-ST-ZIP						
TITLE	<u></u>			☐ Delete	ŢŀĪĿ	E					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP						FET ADDRESS (-ST-ZIP						
12. I hereby c	ertify that th on this repo	e information supplied rt or supplemental repo	with this took	iling does not qualify t	or the exi my signa	emptions co	ontained	I in Chapter 11 same legal effe	9. Florida Statutes. I ct as if made under	further cert	ify that the in	nformation or director
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 of 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: SIGNATURE AND TYPED BOT PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date												

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR