

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006594

Entity Name: VIPERNET, INC.

FILED
Jan 29, 2008
Secretary of State

Current Principal Place of Business:

611 S FORT HARRISON AVE SUITE 367
CLEARWATER, FL 33756

New Principal Place of Business:

600 BYPASS DR
SUITE 110
CLEARWATER, FL 33764

Current Mailing Address:

611 S FORT HARRISON AVE SUITE 367
CLEARWATER, FL 33756

New Mailing Address:

600 BYPASS DR
SUITE 110
CLEARWATER, FL 33764

FEI Number: 33-0918463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATRICK, GARY
611 S FORT HARRISON AVE SUITE 367
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

PATRICK, GARY
600 BYPASS DR
SUITE 110
CLEARWATER, FL 33764 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:

01/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PATRICK, GARY
Address: 611 S FORT HARRISON AVE SUITE 367
City-St-Zip: CLEARWATER, FL 33756

Title: DT () Delete
Name: DOBBE, STEVE
Address: 611 S FORT HARRISON AVE SUITE 367
City-St-Zip: CLEARWATER, FL 33756

Title: S () Delete
Name: PATRICK, PEGGY
Address: 611 S FORT HARRISON AVE SUITE 367
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PATRICK, GARY
Address: 600 BYPASS DR, STE 110
City-St-Zip: CLEARWATER, FL 33764

Title: DT (X) Change () Addition
Name: DOBBE, STEVE
Address: 600 BYPASS DR, STE 110
City-St-Zip: CLEARWATER, FL 33764

Title: S (X) Change () Addition
Name: PATRICK, PEGGY
Address: 600 BYPASS DR, STE 110
City-St-Zip: CLEARWATER, FL 33764

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: CARLY DOBBE

HR

01/29/2008

Electronic Signature of Signing Officer or Director

Date