## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000006594

Entity Name: VIPERNET, INC.

FILED Jul 01, 2009 Secretary of State

Current Pr	incipal Place o	of Business:	New Principal Pl	New Principal Place of Business:	
600 BYPAS SUITE 110 CLEARWA	S DR TER, FL 33764	1			
Current Ma	ailing Address	:	New Mailing Add	New Mailing Address:	
600 BYPASS DR SUITE 110 CLEARWATER, FL 33764			#120A	28348 ROADSIDE DR. #120A AGOURA HILLS, CA 91301	
FEI Number:	33-0918463	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: 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.					
SIGNATUR	E:				
	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/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ()E PATRICK, GARY 600 BYPASS DR CLEARWATER, F		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DT () DOBBE, STEVE 600 BYPASS DR CLEARWATER, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S ()E PATRICK, PEGG 600 BYPASS DR CLEARWATER, F	, STE 110	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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 07/01/2009