

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90116 007 ***150.00

DOCUMENT # P05000105349 1. Entity Name WORLD VOIP NETWORK, INC.					
Principal Place of Business 8051 MCNAB RD TAMARAC, FL 33321			Mailing Address 8051 MCNAB RD TAMARAC, FL 33321		
2. Principal Place of Business 1601 NW 136 Ave Suite, Apt. #, etc. Ste. # 110 City & State Sunrise, FL Zip 33323 Country Broward		3. Mailing Address 1601 NW 136 Ave. Suite, Apt. #, etc. Ste. # 110 City & State Sunrise, FL Zip 33323 Country Broward			
4. FEI Number 20-3229195				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03222006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent BRIAN D. GORDON, C.P.A., P.A. 12550 BISCAYNE BLVD STE 500 N MIAMI, FL 33181			7. Name and Address of New Registered Agent Name Brian D. Gordon, CPA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1601 N.W. 136 Ave, # 110 City Sunrise FL Zip Code 33323		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <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	D GORDON, BRIAN D 18864 NW 64 GT MIAMI, FL 33015 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1601 NW 136 Ave, # 110 Sunrise, FL 33323	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDO, TERRY Remove <input checked="" type="checkbox"/> Delete 8051 MCNAB RD TAMARAC, FL 33321		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	
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	
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: <u>Brian D. Gordon</u> Brian D. Gordon			Date <u>3/27/06</u> Daytime Phone # <u>954-239-1608</u>		