

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90216 003 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                                                                                                                                              |                                                                                                                                                  |                                                                            |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # F05000004040</b><br>1. Entity Name<br><b>MIRABILIS VENTURES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   |                                                                                                                                                                                                              |                                                                                                                                                  |                                                                            |                                                                   |
| Principal Place of Business<br><b>3838 RAYMERT DRIVE, SUITE 3<br/>LAS VEGAS, NV 89121</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                                                                                                                                                                                              | Mailing Address<br><b>3838 RAYMERT DRIVE, SUITE 3<br/>LAS VEGAS, NV 89121</b>                                                                    |                                                                            |                                                                   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   | 3. Mailing Address<br><b>111 N. Orange Ave.</b><br>Suite, Apt. #, etc.<br><b>Ste. 2000</b><br>City & State<br><b>Orlando, FL</b><br>Zip                      Country<br><b>32801                      US</b> |                                                                                                                                                  |                                                                            |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   | 4. FEI Number<br><b>20-183319C</b>                                                                                                                                                                           |                                                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable                     |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   | 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                         |                                                                                                                                                  | <b>\$8.75 Additional Fee Required</b>                                      |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>KAPROW, PHILIP<br/>20 N ORANGE AVE., SUITE 1400<br/>ORLANDO, FL 32801</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   |                                                                                                                                                                                                              | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |                                                                            |                                                                   |
| 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 obligation of, the registered agent.<br>SIGNATURE <span style="float: right;">DATE _____</span><br><small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>                                                                                                                                                                                   |                                                                                   |                                                                                                                                                                                                              |                                                                                                                                                  |                                                                            |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                       |                                                                                                                                                  |                                                                            |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |                                                                                                                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                            |                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CHMD<br>WALKO, BRUCE<br>20 N. ORANGE AVE., SUITE 1400<br>ORLANDO, FL 32801        | <input checked="" type="checkbox"/> Delete                                                                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                               | P<br>Frank Hailstones<br>20 N. Orange Ave., Ste. 1400<br>Orlando, FL 32801 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RD<br>SANRIANNA, JAMES V<br>20 N ORANGE AVE., SUITE 1400<br>ORLANDO, FL 32801     | <input checked="" type="checkbox"/> Delete                                                                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                               | See attached.                                                              |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EVPD<br>POLLACK, ROBERT W MD<br>20 N ORANGE AVE., SUITE 1400<br>ORLANDO, FL 32801 | <input type="checkbox"/> Delete                                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | T<br>MYERS, DAN<br>20 N ORANGE AVE., SUITE 1400<br>ORLANDO, FL 32801              | <input checked="" type="checkbox"/> Delete                                                                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SGC<br>BROADHEAD, TOM<br>20 N ORANGE AVE., SUITE 1400<br>ORLANDO, FL 32801        | <input checked="" type="checkbox"/> Delete                                                                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>CURRY, EDIE<br>20 N ORANGE AVE., SUITE 1400<br>ORLANDO, FL 32801             | <input type="checkbox"/> Delete                                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |                                                                                                                                                                                                              | 4/25/06                                                                                                                                          |                                                                            |                                                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                                                                                                                                                                              | <small>Date                      Daytime Phone #</small>                                                                                         |                                                                            |                                                                   |

# ATTACHMENT

Mirabilis Ventures, Inc.  
Officer and Director List

66017549  
# F05-000004040

1. Director  
Bruce Walko  
20 N. Orange Ave., Ste. 1400  
Orlando, Florida 32801
2. Director  
James V. Sadrianna  
20 N. Orange Ave., Ste. 1400  
Orlando, Florida 32801
3. Director  
Robert Pollack, M.D.  
20 N. Orange Ave., Ste. 1400  
Orlando, Florida 32801
4. Director  
Edie Curry  
20 N. Orange Ave., Ste. 1400  
Orlando, Florida 32801
5. Director  
Jason Carlson  
20 N. Orange Ave., Ste. 1400  
Orlando, Florida 32801
6. Chairman  
Laurie Holtz  
20 N. Orange Ave., Ste. 1400  
Orlando, Florida 32801
7. President and Director  
Frank Hailstones  
20 N. Orange Ave., Ste. 1400  
Orlando, Florida 32801
8. EVPO  
Fernando Simo  
20 N. Orange Ave., Ste. 1400  
Orlando, Florida 32801
9. EVPS  
Richard E. Berman, Esq.  
20 N. Orange Ave., Ste. 1400  
Orlando, Florida 32801
10. EVPT  
Paul Glover  
20 N. Orange Ave., Ste. 1400  
Orlando, Florida 32801



ATTACHMENT

66017549  
#F05000004040

May 24, 2006

Florida Department of State  
Division of Corporations  
Annual Reports Section  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

***Re: Mirabilis Ventures, Inc.***

To Whom It May Concern:

Enclosed please find the revised Annual Report for 2006 for the above referenced entity and original letter forwarded to our offices indicating the need for correction. The FEI Number has been added to the report and the report should now be filed accordingly. Please contact me should you have any additional concerns regarding this matter.

Best Regards,

Nichole M. Beamer  
Mirabilis Ventures, Inc.

Enclosure