2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004040

Entity Name: MIRABILIS VENTURES, INC.

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

3838 RAYMERT DRIVE, SUITE 3 200 S. ORANGE AVENUE

28TH FLOOR LAS VEGAS, NV 89121

ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

200 S. ORANGE AVENUE 111 N. ORANGE AVE

28TH FLÖÖR STE 2000 ORLANDO, FL 32801

ORLANDO, FL 32801 US

FEI Number: 20-1833196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KAPROW, PHILIP

BERNET, MARK J 200 S. ORANGE AVENUE 20 N ORANGE AVE., SUITE 1400 28TH FLOOR ORLANDO, FL 32801 ORLANDO, FL 32801 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: MARK J. BERNET 04/23/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

JAIMAN, JODI Name: POLLACK, ROBERT W MD Name:

20 N ORANGE AVE., SUITE 1400 200 S. ORANGE AVENUE, 28TH FLOOR Address: Address:

City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801 US

Title: Title: VD (X) Change () Addition () Delete

Name: CURRY, EDIE Name: WILLIAMS, SHANE

20 N ORANGE AVE., SUITE 1400 200 S. ORANGE AVENUE, 28TH FLOOR Address: Address:

ORLANDO, FL 32801 ORLANDO, FL 32801 US City-St-Zip: City-St-Zip:

Title: () Delete Title: TSD () Change (X) Addition

STOLLENWERK, JAY Name: Name:

200 S. ORANGE AVENUE, 28TH FLOOR Address Address:

City-St-Zip: City-St-Zip: ORLANDO, FL 32801 US

Title: () Delete Title: () Change (X) Addition

SIMO, FERNANDO Name: Name:

Address: Address: 200 S. ORANGE AVENUE, 28TH FLOOR

City-St-Zip: City-St-Zip: ORLANDO, FL 32801 US

I hereby certify that the information supplied with this filing does not qualify for the 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.

Ρ SIGNATURE: JODI JAIMAN 04/23/2007