## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000000629

FILED Mar 27, 2007 Secretary of State

Entity Nar	ne: GOLF VE	NTURES, INC.				
Current Principal Place of Business:			New Prin	New Principal Place of Business:		
	GEWOOD DR D, FL 33811	US	SUITE 18	FEWAY BLVD. ND, FL 33811	US	
Current Mailing Address:			New Mai	New Mailing Address:		
STE. 200	MPIONGATE E NSGATE, FL					
FEI Number:	59-3489575	FEI Number Applied For ( )	FEI Number Not Ap	plicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name an	Name and Address of New Registered Agent:		
1201 HAYS TALLAHAS The above	SSEE, FL 3230	012525 US	purpose of changing	its registered	office or registered agent, or both,	
SIGNATUR						
Electronic Signature of Registered Agent			ent	Date		
Election Car	npaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ROSENSTEIN,	DRIVE, STE. 366	Title: Name: Address: City-St-Zip:	`	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	KOENIGSBERG	OF THE AMERICAS, 38TH FL	Title: Name: Address: City-St-Zip:	JACKSON, RO 8390 CHAMPI	X) Change()Addition DN E IONSGATE BLVD, STE. 200 GATE, FL 33896	
Title: Name: Address: City-St-Zip:	JACKSON, RO	NSGATE BLVD, STE. 200	Title: Name: Address: City-St-Zip:	SELLERS, CA 8390 CHAMPI	X) Change ()Addition NLVIN C III IONSGATE BLVD, STE. 200 GATE, FL 33896	
Title: Name:	CFOS (X) SELLERS, CAL	Delete VIN C III	Title: Name:	(	) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CALVIN C. SELLERS, III CFO 03/27/2007

8390 CHAMPIONSGATE BLVD, STE. 200

CHAMPIONSGATE, FL 33896

Address:

City-St-Zip: