

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000074384

Entity Name: KSF VENTURES, INC.

**FILED**  
**May 30, 2007**  
**Secretary of State**

### **Current Principal Place of Business:**

210 BUNKER CT  
DEBARY, FL 32720

### **New Principal Place of Business:**

210 BUNKER CT  
DEBARY, FL 327132251 US

### **Current Mailing Address:**

210 BUNKER CT.  
DEBARY, FL 32720

### **New Mailing Address:**

210 BUNKER CT.  
DEBARY, FL 327132251 US

FEI Number: 20-1428090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

### **Name and Address of Current Registered Agent:**

FORTNER, KENNETH  
210 BUNKER CT.  
DEBARY, FL 32720 US

### **Name and Address of New Registered Agent:**

FORTNER, KENNETH  
210 BUNKER CT.  
DEBARY, FL 327132251 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: KENNETH FORTNER

05/30/2007

Electronic Signature of Registered Agent

Date

### **OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FORTNER, KENNETH W MR  
Address: 210 BUNKER CT  
City-St-Zip: DEBARY, FL 32713

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

### **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FORTNER, KENNETH W MR  
Address: 210 BUNKER CT  
City-St-Zip: DEBARY, FL 327132251 US

Title: VP ( ) Change (X) Addition  
Name: STEFFEY, SHAWN L  
Address: 1409 MEADOWLARK DRIVE  
City-St-Zip: DELTONA, FL 327254624 US

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: ASTRID DE PARRY

AGT

05/30/2007

Electronic Signature of Signing Officer or Director

Date