


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000074384 1. Entity Name KSF VENTURES, INC.						FILED 07 DEC -7 PM 3:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 210 BUNKER CT DEBARY, FL 32713-2251 US				Mailing Address 210 BUNKER CT. DEBARY, FL 32713-2251 US			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent FORTNER, KENNETH 210 BUNKER CT. DEBARY, FL 32713-2251				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 20-1428090			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
Amended AR is \$81.25				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	PD FORTNER, KENNETH W MR 210 BUNKER CT DEBARY, FL 327132251			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400113558604 01/02/08--01039--015 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEFFEY, SHAWN L 1409 MEADOWLARK DRIVE DELTONA, FL 327254624			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEFFEY, SHAWN L 131 LUCERNE DR DEBARY, FL 32713		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LESSIAK, ROMAN 806 COLTRA LANE DELTONA, FL 32725			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LESSIAK, ROMAN 806 COLTRA LANE DELTONA, FL 32725		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				11/28/07 3868040502 Date Daytime Phone #			