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Apr 27, 2005 8:00 am
Secretary of State
03-23-2005 90027 042 ***150.00

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000103269

1. Entity Name
GHOST VENTURES, INC.

66013463

Principal Place of Business	Mailing Address
~~1415 GRAPE STREET TALLAHASSEE, FL 32303~~	~~1415 GRAPE STREET TALLAHASSEE, FL 32303~~

2. Principal Place of Business	3. Mailing Address
12269 UNIVERSITY BLVD	12269 UNIVERSITY BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32817 Country: USA	Zip: 32817 Country: USA

02152005 Chg-P CR2E034 (10/03)

4. FEI Number: 20-1379274 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 50 N LAURA STREET SUITE 2750 JACKSONVILLE, FL 32202~~	Name: Griffis, Matthew Street Address (P.O. Box Number is Not Acceptable): 3072 White Ash Trail City: Orlando FL Zip Code: 32826

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.

SIGNATURE [signature] Matt Griffis Secretary 3/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D BROWN, TIMOTHY ~~1415 GRAPE STREET~~ ~~TALLAHASSEE, FL 32303~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BROWN TIMOTHY 3072 WHITE ASH TRAIL ORLANDO FL 32826 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFIS, MATTHEW ~~1415 GRAPE STREET~~ ~~TALLAHASSEE, FL 32303~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GRIFFIS MATTHEW 3072 WHITE ASH TRAIL ORLANDO FL 32826 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Matt Griffis Secretary 3/15/05 (407) 658-2396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #