

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103269

Entity Name: GHOST VENTURES, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

12269 UNIVERSITY BLVD  
ORLANDO, FL 32817

## New Principal Place of Business:

12269 UNIVERSITY BLVD  
ORLANDO, FL 32817 US

## Current Mailing Address:

12269 UNIVERSITY BLVD  
ORLANDO, FL 32817

## New Mailing Address:

12269 UNIVERSITY BLVD  
ORLANDO, FL 32817 US

FEI Number: 20-1379274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRIFFIS, MATTHEW  
12269 UNIVERSITY BLVD  
ORLANDO, FL 32817 US

## Name and Address of New Registered Agent:

GRIFFIS, MATT E MR.  
721 TERRACE BLVD.  
ORLANDO, FL 32803 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: MATT GRIFFIS

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BROWN, TIMOTHY  
Address: 12269 UNIVERSITY BLVD  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: GRIFFIS, MATTHEW  
Address: 12269 UNIVERSITY BLVD  
City-St-Zip: ORLANDO, FL 32817

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change ( ) Addition  
Name: BROWN, TIMOTHY M MR.  
Address: 721 TERRACE BLVD.  
City-St-Zip: ORLANDO, FL 32803 US

Title: MR. (X) Change ( ) Addition  
Name: GRIFFIS, MATT M MR.  
Address: 721 TERRACE BLVD  
City-St-Zip: ORLANDO, FL 32803 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: MATT GRIFFIS

MR.

04/30/2009

Electronic Signature of Signing Officer or Director

Date