## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000125815

FILED Apr 19, 2007 Secretary of State

Entity Na	me: GSN VE	NTURES, INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
503 B MARY ESTHER BLVD. FORT WALTON BEACH, FL 32547			SUITE 5	50 BEAL PARKWAY SUITE 5 FORT WALTON BEACH, FL 32548	
Current M	lailing Addre	ss:	New Mailing Addr	New Mailing Address:	
P.O. BOX FORT WA	1419 LTON BEACH	H, FL 32549			
FEI Number	: 20-3448369	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Addres	Name and Address of New Registered Agent:	
	IAY RY ESTHER E LTON BEACH		GHOSH, JAY 50 BEAL PARKWA SUITE 5 FORT WALTON BE	Y EACH, FL 32548 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATU	RE:			04/19/2007	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( SINER, ASHLE 216 COUNTRY SHALIMAR, FL	CLUB ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( GHOSH, JERI 109 LISA MAR SHALIMAR, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NELSON, BAR 1083 TREE PO		Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name:	MM ( NELSON, DAN	) Delete IEL	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: JERI GHOSH VΡ 04/19/2007

1083 TREE POINT DRIVE

FORT WALTON BEACH, FL 32547

Address:

City-St-Zip: