2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P05000125815

Entity Name: GSN VENTURES, INC.

Current Principal Place of Business:

50 BEAL PARKWAY
SUITE 5
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

105 BEACH DRIVE
SUITE A5
FORT WALTON BEACH, FL 32547

Current Mailing Address:

P.O. BOX 1419
FORT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 20-3448369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GHOSH, JAY
50 BEAL PARKWAY
SUITE 5
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

GHOSH, JAY
105 BEACH DRIVE
SUITE A5
FORT WALTON BEACH, FL 32547 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: JAYANTA GHOSH 05/01/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SINER, ASHLEY
Address: 216 COUNTRY CLUB ROAD
City-St-Zip: SHALIMAR, FL 32579

Title: VP ( ) Delete
Name: GHOSH, JERI
Address: 109 LISA MARIE PLACE
City-St-Zip: SHALIMAR, FL 32579

Title: MM ( ) Delete
Name: NELSON, BARBARA
Address: 1083 TREE POINT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MM ( ) Delete
Name: NELSON, DANIEL
Address: 1083 TREE POINT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAYANTA GHOSH P 05/01/2008
Electronic Signature of Signing Officer or Director Date