


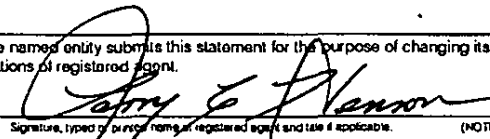
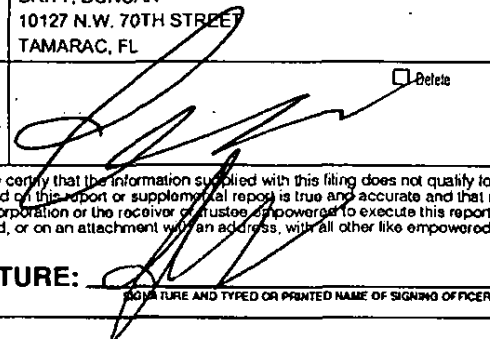
2005 FOR PROFIT CORPORATION ANNUAL REPORT

02-22-2005 90028 045 ***150.00
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 454595			
1. Entity Name VALLEY BANK			
Principal Place of Business 424 WEST SUNRISE BLVD. FT. LAUDERDALE, FL 33311-6211		Mailing Address 424 WEST SUNRISE BLVD. FT. LAUDERDALE, FL 33311-6211	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1548423		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLITZ, MARVIN N 424 W. SUNRISE BLVD. FORT LAUDERDALE, FL 33311		7. Name and Address of New Registered Agent Name Larry C. Henson Street Address (P.O. Box Number is Not Acceptable) 424 West Sunrise Blvd. City Ft. Lauderdale FL Zip Code 33311-6211	
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  Larry C. Henson CEO DATE Feb. 9, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PCD BLITZ, MARVIN N 11166 STONYBROOK LANE BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Larry C: Henson 424 West Sunrise Blvd. Ft. Lauderdale, FL 33311-6211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, E. ANDRES 825 MEDINA AVE CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Woods 1441 E Highway 316 Citra, FL. 32113 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, FREDERIC J 1867 NW 93RD WAY PLANTATION, FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PB Jim Bunn 5342 Heather Glen Circle Bettendorf, Iowa 52722 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAGLEY, JOSEPH H 11224 NW 43RD PLACE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dennis Albaugh 930 Cape Marco Dr. Tampico 1306 Marco Island, FL. 34145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITT, DUNCAN 10127 N.W. 70TH STREET TAMARAC, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date Feb. 9, 2005	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	



02042005 Chg-P CR2E034 (10/03)

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