

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005223

Entity Name: VALLEY ENGINEERING, INC.

FILED
Apr 06, 2006
Secretary of State

Current Principal Place of Business:

623 EAST MAIN AVENUE, SUITE 208
WEST FARGO, ND 58078

New Principal Place of Business:

Current Mailing Address:

623 EAST MAIN AVENUE, SUITE 208
WEST FARGO, ND 58078

New Mailing Address:

FEI Number: 45-0449024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOFGREN, ROBERT J VST
15181 CANONGATE DR
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LUND, JEFFREY P
Address: 535 KINGSTON PLACE
City-St-Zip: WEST FARGO, ND 58078

Title: VST () Delete
Name: LOFGREN, ROBERT J
Address: 15181 CANONGATE DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: LUND, ANGELA
Address: 535 KINGSTON PLACE
City-St-Zip: WEST FARGO, ND 58078

Title: D () Delete
Name: LOFGREN, DEBRA M
Address: 15181 CANONGATE DRIVE
City-St-Zip: FORT MYERS, FL 33912

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 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: JEFFREY P. LUND

P

04/06/2006

Electronic Signature of Signing Officer or Director

Date