


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 394742**  
 1. Entity Name  
**PEACE VALLEY ENTERPRISES, INC.**



<i>Principal Place of Business</i> 2905 CENTRAL AVE P O BOX 84 ALTURAS, FL 33820	<i>Mailing Address</i> 2905 CENTRAL AVE P O BOX 84 ALTURAS, FL 33820
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**DO NOT WRITE IN THIS SPACE**



07122004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1426213</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**YOUNG, LELAND K**  
**2010 CENTRAL AVENUE**  
**ALTURAS, FL 33820**

**DO NOT WRITE IN THIS SPACE**

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: *Wanda P. Young* (NOTE: Registered Agent signature required when relinquishing) DATE: 7-12-04

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD YOUNG, LELAND K 2905 CENTRAL AVE ALTURAS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD YOUNG, WANDA 2905 CENTRAL AVE ALTURAS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD YOUNG, D SCOTT 5069 SWEETLEAF CT. BARTOW, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 07/16/04-80005-009 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Wanda P. Young* DATE: 7-12-04 863-537-1309  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #