


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

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



Principal Place of Business 2905 CENTRAL AVE P O BOX 84 ALTURAS, FL 33820	Mailing Address 2905 CENTRAL AVE P O BOX 84 ALTURAS, FL 33820
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01162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1426213	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
 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* DATE: 1-17-05
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

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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 01/21/05-80054-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 1-17-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #