


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 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 |
|---|---|



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-1426213 | Applied For 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 4-25-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

**FILE NOW!! FEE IS \$150.00
After May 1, 2007 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 | |
|--|---|
| 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 5089 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 | |

DO NOT WRITE IN THIS SPACE

U00000739664
05/14/07-80036-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, 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 4-25-07 863-537-1309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #