

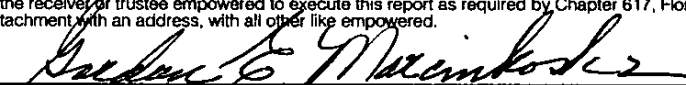


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90101 020 ****61.25

DOCUMENT # 741909 1. Entity Name VALGO ASSOCIATION II, INC.					
Principal Place of Business 4983 RINGWOOD MEADOW SARASOTA, FL 34235 US				Mailing Address 4983 RINGWOOD MEADOW SARASOTA, FL 34235 US	
2. Principal Place of Business 5037 Ringwood Meadow Suite, Apt. #, etc. B		3. Mailing Address 5037 Ringwood Meadow Suite, Apt. #, etc. B			
City & State		City & State		01142005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-1840607	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PAMI MANAGEMENT, INC. 4000 RINGWOOD MEADOW 5037 Ringwood Meadow 'B' SARASOTA, FL 34235			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAXWELL, SAM 3500 EL CONQUISTADOR PKWY., #223 BRADENTON, FL 34210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAXWELL, SAM 3500 EL CONQUISTADOR PKWY #223 BRADENTON, FL 34210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DINOFFRI, JACK 3500 EL CONQUISTADOR PKWY., #245 BRADENTON, FL 34210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DINOFFRI, JACK 3500 EL CONQUISTADOR PKWY #245 BRADENTON, FL 34210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYERS, SHARON 350 EL CONQUISTADOR PKWY., #201 BRADENTON, FL 34210	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEIGENGA, ROGER 3500 EL CONQUISTADOR PKWY #248 BRADENTON, FL 34210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATE, JAMES 3500 EL CONQUISTADOR PKWY, #244 BRADENTON, FL 34210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATE, JAMES 3500 EL CONQUISTADOR PKWY #244 BRADENTON, FL 34210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCINLOSLE, GORDON 3500 EL CONQUISTADOR PKWY., #221 BRADENTON, FL 34210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARINKOSKE, GORDON 3500 EL CONQUISTADOR PKWY #221 BRADENTON, FL 34210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 617, 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:  4-13-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					