FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F00000002281

1. Entity Name

VALESCO, INC.



FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 90717 009 ***150.00

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Principal Place of Business 3. Mailing Address								010.	0128
19093 S	E FERNW	OOD DRIVE	19093 SE FERNWOOD DRIVE					e e	
Suite. Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State TEQUESTA, FL			City & State TEQUESTA, FL				4. FE	Number 522233315	Applied For Not Applicable
Zip		Country	Zip Cauntry				5. Certificate of Status Desired		\$8.75 Additional
33469-1	627 USA 33469-1627			L627 U	USA			Fee Required	
		Action 1888		Name	7. Name and Address of Current Registered Agent Name				
and the second	appens in the m	The second of the second of	Port and a sile	CORPORATION SERVICE COMPANY					
William Barrier and the state of							P.O. Box Number is Not Acceptable)		
IN THIS SPACE 1201 HAYS STREET									
					City 7io Codo				Zip Code
TALLAHASSEE TALLAHASSEE 12 20 32301-2525 13 2301-2525									
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State								Election Campaign Financing Trust Fund Contribution. []	\$5.00 May Be Added to Fees
10.		OFFICERS AND	DIRECTORS		April 1980 or Fill	1 16 July 1	也的無	ALTERNATION WHAT I AND COME	
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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)(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 on an attachment with an address, with all other like approveged.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM VALENTINE, PCD

4/27/04

561-395-7323

Daytime Phone #