2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F00000002281

TEQUESTA, FL 33469

City-St-Zip:

Entity Name: VALESCO, INC

FILED Jan 06, 2009 Secretary of State

	VALLOC	, 1140.		
Current Principal Place of Business:			New Principal Place of Business:	
19093 S.E. FERNWOOD DRIVE TEQUESTA, FL 334961627			19093 S.E. FERNWOOD DRIVE TEQUESTA, FL 334691627	
Current M	lailing Addre	ss:	New Mailing Address:	
19093 S.E. FERNWOOD DRIVE TEQUESTA, FL 334961627			19093 S.E. FERNWOOD DRIVE TEQUESTA, FL 334691627	
FEI Number	: 52-2233315	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address of New Registered Agent:	
1201 HAYS	S STREET SSEE, FL 323			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
SIGNATU	RE: CORPO	RATION SERVICE COMPANY		
	Electro	nic Signature of Registered Age	ent	Date
		93(2)(b), F.S., the corporation did nong Trust Fund Contribution ().	ot receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	BUFFA, ANTO 600 PARKVIE) Delete NIO W DRIVE, #315 BEACH, FL 33009	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VALENTINE, F 600 PARKVIE) Delete PATRICIA W DRIVE, #315 BEACH, FL 33009	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	BUFFA, DANII 600 PARKVIE) Delete ELA W DRIVE, #315 BEACH, FL 33009	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	VALENTINE, V) Delete VILLIAM G RNWOOD DRIVE	Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: WILLIAM G. VALENTINE PCD 01/06/2009