## 2006 FOR PROFIT CORPORATION

## Jan 19, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # F01000003372 01-19-2006 90068 026 \*\*\*150.00 1. Entity Name VALENCIA INVEST LTD., INC. Principal Place of Business Mailing Address 1858 RINGLING BLVD. 1050 RINGHING BLVD SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address 1990 Main Street 1990 Main Street Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 Cha-P CR2E034 (11/05) Suite 80 Suite 801 City & State City & State 4 FEI Number Applied For xavasota 52-2311414 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GLENDINNING, RENEA M Street Address (P.O. Box Number is Not Acceptable) 1050 RINGLING BLVD. SARASOTA FL 34236 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, typed or printed name of registered agent and site if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 5 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCD ITTLE TITLE ☐ Delete Change RYAN, FRED NAME NAME 1990 main Street, Suite 801 STREET ADDRESS 1050 RINGLING DLVD STREET ADDRESS Sarasota, Fl. 34236 CITY-ST-ZIP SARASOTA, FL CITY-ST-ZIP VD TITLE Delete TITLE ☐ Addition RYAN, TOMMIE NAME NAME 1990 Main Street, Suite 801 STREET ADDRESS 1868 RINGLING BLVD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL CITY-SI-ZIP ST ☐ Delete Addition GLENDINNING, RENEA M NAME NAME 1990 Main Street, Suite 801 STREET ADDRESS 1858 RINGLING BLVD STREET ADDRESS CARASOTA, FL CITY-SI-ZIP CITY-ST-ZIP UTLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS

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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 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.

Menea M. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

CITY-ST-ZIP