2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURÉ:

Mar 24, 2008 8:00 am Secretary of State DOCUMENT # F9900000545 03-24-2008 90071 017 ***150.00 WEST VALLEY DEVELOPMENT, INC. Principal Place of Business Mailing Address DANDAL 3425 EXECUTIVE PARKWAY 3425 EXECUTIVE PARKWAY **SUITE 114** SUITE 114 TOLEDO, OH 43606 TOLEDO, OH 43606 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3425 Executive Pkwu Suite, Apt. #, etc. Suite, Apt. #, etc. 02062008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 38-1344915 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 CAPITOL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301 Zip Code Fl 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Addition TITLE Defete HARRIS, JOANNE NAME NAME 3425 EXECUTIVE PKWY, #114 STREET ADDRESS STREET ADDRESS **TOLEDO, OH 43606** CITY-ST-ZIP CITY-ST-7IP TITLE. ☐ Delete TITLE ☐ Change Addition BRAGG, RALPH NAME NAME 608 MADISON AVE. #1000 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **TOLEDO, OH 43604** CITY-ST-7IP Craig Horris Dev West Valleix Dev 3425 Executive Pkwy Svite 215 ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS Toledo OH 43406 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ AddItion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receiper 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED