ANNUAL REPORT

2008 FOR PROFIT CORPORATION

DOCUMENT # G81630 1. Entity Name VALGUARD, INC. Principal Place of Business Mailing Address 9949 N KENDALL DR 9949 N KENDALL DRIVE

FILED Feb 08, 2008 08:00 AN Secretary of State

MIAMI, FL 33176 MIAMI, FL 33176 01212008 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2353586 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAUTURE, DOMINIQUE JEAN DO NOT WRITE 9949 N KENDALL DRIVE MIAMI, FL 33176 IN THIS SPACE 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE LAUTURE, DOMINIQUE J NAME STREET ADDRESS 9949 N KENDALL DRIVE CITY-ST-ZIP MIAMI, FL 33176 VP S TITLE LAUTURE, JENNIFER K U00000820764 02/18/08-80042-001 150.00 NAME STREET ADDRESS 9949 N KENDALL DRIVE CLTY+S1-7IP MIAMI, FL 33176 TITLE NAME, STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied entity eport 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 of truster 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 All other like empowered.

SIGNATURE:

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR