2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2005 8:00 am **Secretary of State** DOCUMENT # J88160 1. Entity Name 01-31-2005 90066 001 ***150.00 VALUE, INC. Principal Place of Business Mailing Address % ROGER BUKOWSKI 1603 ZAFFER ST. N.W. PALM BAY FL 32907 % ROGER BUKOWSKI 1603 ZAFFER ST. N.W. PALM BAY FL 32907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-2831640 Not Applicable Country Zip Country αiΣ \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUKOWSKI, ROGER O. Box Number is Not Acceptable) 1802 PACE N.W. PALM BAY FL 32907 in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its registered office or reg the obligations of registered agen FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11. ☐ Change ☐ Addition ☐ Delete TITLE BUKOWSKI, ROGER NAME NAME 1802 PACE N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY FL CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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ogerbukowski President 1-25-05 321-243-4952

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 Block 11 if