


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90092 017 ****50.00

20060834

DOCUMENT # L04000036148			
1. Entity Name VALID TECHNOLOGIES LLC			
Principal Place of Business 3701 FLORIDA ATLANTIC BLVD. SUITE210 BOCA RATON, FL 33431 US		Mailing Address 3701 FLORIDA ATLANTIC BLVD. SUITE210 BOCA RATON, FL 33431 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FAUST, GREGORY W 5417 NW 20TH AVE BOCA RATON, FL 33496		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Gregory W Faust</i>		DATE <i>7/22/05</i>	
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FAUST, GREGORY W 5417 NW 20TH AVE BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SECRETO, THOMAS A 5417 NW 20TH AVE BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Gregory W Faust</i>		Date: <i>7/22/05</i>	Daytime Phone #: <i>3220167</i>