## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 18, 2008 08:00 A Secretary of State DOCUMENT # L57284 VALLERY INDUSTRIES, INC. Principal Place of Business Mailing Address 3140 S E DOMINICA TERR 3140 SE DOMINICA TERR STUART, FL 34997 STUART, FL 34997 04152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. EEt Number 65-0176602 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VALLERY, JANIE T DO NOT WRITE 3140 SE DOMINICA TERR **STUART, FL 34997** 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 famillar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. П Added to Fees *U00000090732*7 10. OFFICERS AND DIRECTORS TITLE ST NAME VALLERY, GREGORY L STREET ADDRESS CMR 427 BOX 3669 CITY-ST-ZIP APO, AE 09630 TITLE NAME VALLERY, JANIE T STREET ADDRESS 3140 SE DOMINICA TERR CITY-ST-7/P STUART, FL TITLE STREET ADDRESS DO NOT WRITE CITY-ST-7/P IN THIS SPACE TTLE STREET ADDRESS CITY-ST-7IP TITLE 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 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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIORING OFFICER OR DIRECTOR

4/15/2008

772-286-720

**FILED**