

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001131

FILED
Apr 25, 2007
Secretary of State

Entity Name: THE VALIANT TRUST INC.

Current Principal Place of Business:

501 BRICKELL KEY DR., STE. 602
MIAMI, FL 33131

New Principal Place of Business:

18001 SW KANNER HIGHWAY
INDIANTOWN, FL 34956 US

Current Mailing Address:

501 BRICKELL KEY DR., STE. 602
MIAMI, FL 33131

New Mailing Address:

18001 SW KANNER HIGHWAY
INDIANTOWN, FL 34956

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIOINAL REGISTERED AGENTS, INC.
501 BRICKELL KEY DR.
SUITE 602
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SASSOON, JEANETTE
18001 SW KANNER HIGHWAY
INDIANTOWN, FL 34956 US

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.

SIGNATURE: JEANETTE SASSOON

04/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SASSOON, JEANETTE
Address: 3500 FAIRLANE FARMS RD., STE. 15
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: FELLERS, GARY T
Address: 3500 FAIRLANE FARMS RD., STE. 15
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Delete
Name: WHISENAND, JAMES D
Address: 3500 FAIRLANE FARMS RD., STE. 15
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY FELLERS

D

04/25/2007

Electronic Signature of Signing Officer or Director

Date