## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05203

Entity Name: VALCRON, INC.

FILED Feb 23, 2009 Secretary of State

| Current Principal Place of Business:          |   |                        | New Princi                                  | New Principal Place of Business:          |                  |                        |  |
|---|---|------------------------|---|---|------------------|------------------------|--|
| 521 CROS<br>PUNTA GO                          | S STREET<br>DRDA, FL 33951 US   |                        |   |   |                  |                        |  |
| Current Ma                                    | New Mailir  | New Mailing Address:   |   |   |                  |                        |  |
| P.O. BOX 5<br>PUNTA GO                        | 510524<br>DRDA, FL 33951 US   |                        |   |   |                  |                        |  |
| FEI Number:                                   | 90-0191290 FEI Numbe  | er Applied For ( ) F   | El Number Not Appli                         | cable ( )                                 | Certificate o    | of Status Desired ( )  |  |
| Name and Address of Current Registered Agent: |   |                        | Name and                                    | Name and Address of New Registered Agent: |                  |                        |  |
|   | OBERT J<br>ONWOOD PLACE<br>ORDA, FL 33950 US  |                        | EUGENE, P<br>26455 EUR<br>PUNTA GC          | OPA LANE                                  |                  |                        |  |
| The above in the State                        | named entity submits this<br>of Florida.  | statement for the purp | ose of changing it                          | s registered                              | d office or regi | stered agent, or both, |  |
| SIGNATURE: EUGENE KLARA                       |   |                        |   | 02/23/2009                                |                  |                        |  |
|   | Electronic Signature  | e of Registered Agent  |   |   | Da               | te                     |  |
| OFFICERS AND DIRECTORS:                       |   |                        | ADDITION                                    | S/CHANGE                                  | S TO OFFICI      | ERS AND DIRECTORS:     |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PD () Delete<br>CRAWFORD, JAMES<br>1615 BAL HARBOR COURT<br>PUNTA GORDA, FL 33950 U   | ıs                     | Title:<br>Name:<br>Address:<br>City-St-Zip: |   | ()Change()A      | Addition               |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VPD () Delete<br>DISESSA, ALBERT<br>26370 FEATHERSOUND DRI<br>PUNTA GORDA, FL 33955 U |                        | Title:<br>Name:<br>Address:<br>City-St-Zip: |   | () Change () A   | Addition               |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | SD () Delete<br>DEBAULT, DONALD<br>544 LINDLEY TERR<br>PORT CHARLOTTE, FL 3395        | 52                     | Title:<br>Name:<br>Address:<br>City-St-Zip: | BROWN, BR<br>4650 EUGEN                   |                  | Addition               |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | TD () Delete<br>PRICE, GALEN<br>26305 SEMINOLE LAKES BL<br>PUNTA GORD, FL 33955 US    |                        | Title:<br>Name:<br>Address:<br>City-St-Zip: |   | () Change () A   | Addition               |  |
| Title:<br>Name:                               | D () Delete<br>EGAN, JOE  |                        | Title:<br>Name:                             | D<br>KLARA, EUG                           | (X) Change()/    | Addition               |  |

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

26455 EUROPA LANE

PUNTA GORDA, FL 33983

() Change () Addition

SIGNATURE: GALEN PRICE TD 02/23/2009

1000 KINGS HIGHWAY #478

KLARA, EUGENE

26455 EUROPA LANE

PUNTA GORDA, FL 33983

PORT CHARLOTTE, FL 33980

(X) Delete

Address: City-St-Zip:

Title:

Name:

Address:

City-St-Zip: