

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000002142**  
1. Entity Name  
**VALLEY FOUNDATION, INC.**



Principal Place of Business  
**300 S. OCEAN BLVD., APT. 3-A  
PALM BEACH, FL 33480**

Mailing Address  
**300 S. OCEAN BLVD., APT. 3-A  
PALM BEACH, FL 33480**



01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-6167197** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GART, DAVID A  
250 AUSTRALIAN AVE. SOUTH  
SUITE 500  
WEST PALM BEACH, FL 33401**

**DO NOT WRITE  
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 familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution...  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                              |
|----------------|------------------------------|
| TITLE          | D                            |
| NAME           | COLLINS, JAMES               |
| STREET ADDRESS | 12384 MERRIEWOOD DR          |
| CITY-ST-ZIP    | SOMERSET, VA 22972           |
| TITLE          | D                            |
| NAME           | COLLINS, CAROL O             |
| STREET ADDRESS | 300 S. OCEAN BLVD., APT. 3-A |
| CITY-ST-ZIP    | PALM BEACH, FL 33480         |
| TITLE          | D                            |
| NAME           | COLLINS, BRADLEY JR.         |
| STREET ADDRESS | 1021 PARK AVE., APT. 4C      |
| CITY-ST-ZIP    | NEW YORK, NY 10028           |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |

**DO NOT WRITE  
IN THIS SPACE**

U00000385000  
01/17/06-80037-019 61.25

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 617, 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:** Carol O. Collins **1/6/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #