


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

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

<b>DOCUMENT # N96000002142</b> 1. Entity Name <b>VALLEY FOUNDATION, INC.</b>		
Principal Place of Business <b>300 S. OCEAN BLVD., APT. 3-A PALM BEACH, FL 33480</b>	Mailing Address <b>300 S. OCEAN BLVD., APT. 3-A PALM BEACH, FL 33480</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>GART, DAVID A 250 AUSTRALIAN AVE. SOUTH SUITE 500 WEST PALM BEACH, FL 33401</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, JAMES 12384 MERRIEWOOD DR SOMERSET, VA 22972	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, CAROL O 300 S. OCEAN BLVD., APT. 3-A PALM BEACH, FL 33480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, BRADLEY JR. 1021 PARK AVE., APT. 4C NEW YORK, NY 10028	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME 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 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: <u>Carol O. Collins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>13-6167197</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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01/17/06-80037-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

1/6/06  
Daytime Phone #