

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051305

Entity Name: VALERI'S TROPICALS, INC.

FILED  
Apr 21, 2006  
Secretary of State

## Current Principal Place of Business:

1210 ARCHDALE ST  
LEHIGH ACRES, FL 33936

## New Principal Place of Business:

5225 YELLOW FINCH WAY  
GOSPORT, IN 47433

## Current Mailing Address:

PO BOX 309  
LEHIGH ACRES, FL 33970

## New Mailing Address:

5225 YELLOW FINCH WAY  
GOSPORT, IN 47433

FEI Number: 65-1108896

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOWERS, ROBERT L  
23 COLORADO ROAD  
LEHIGH ACRES, FL 33936 US

## Name and Address of New Registered Agent:

MILLER, STEVEN R  
205 N COLLAGE AVE  
STE 515  
BLOOMINGTON, FL 47404 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: VALERI WATERS

04/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WATERS, VALERI  
Address: 1210 ARCHDALE ST  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VD ( ) Delete  
Name: WATERS, TIM  
Address: 1210 ARCHDALE ST  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: TD ( ) Delete  
Name: COWHAM, KARON  
Address: 1210 ARCHDALE ST  
City-St-Zip: LEHIGH ACRES, FL 33936

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition  
Name: WATERS, TIMOTHY  
Address: 5225 YELLOW FINCH WAY  
City-St-Zip: GOSPORT, IN 47433

Title: TD (X) Change ( ) Addition  
Name: SZCZODROWSKI, GEORGE  
Address: 30711 HWY US 20  
City-St-Zip: NEW CARLISLE, IN 46552

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERI WATERS

PD

04/21/2006

Electronic Signature of Signing Officer or Director

Date