2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 26, 2009
Secretary of State

DOCUMENT# P01000078038

Entity Name: AVP VALVE, INC.

Current Principal Place of Business:

140 W. BRANNEN RD
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 472
ZEPHYR COVE, NV 89448

New Mailing Address:

FEI Number: 58-2645355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVIER, CHARLES
4425 SUGARTREE DRIVE WEST
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

OLIVIER, CHARLES P
4425 SUGARTREE DRIVE WEST
LAKELAND, FL 33813 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: TROY P. OLIVIER 10/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPRE ( ) Delete
Name: OLIVIER, PLINY
Address: POST OFFICE BOX 472
City-St-Zip: ZEPHYR COVE, NV 89448

Title: PRES ( ) Delete
Name: OLIVIER, CHARLES
Address: 4425 SUGAR TREE DRIVE WEST
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change ( ) Addition
Name: OLIVIER, PLINY L JR
Address: POST OFFICE BOX 472
City-St-Zip: ZEPHYR COVE, NV 89448

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

Title: VP ( ) Change (X) Addition
Name: OLIVIER, TROY P
Address: 6119 MOUNTAIN LAKE
City-St-Zip: LAKELAND, FL 33813

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES P. OLIVIER PRES 10/26/2009
Electronic Signature of Signing Officer or Director Date