


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90006 023 ***558.75

DOCUMENT # P02000007943		
1. Entity Name VALENCIA HOMES, INC.		

Principal Place of Business 6017 PINE RIDGE ROAD #189 NAPLES, FL 34119	Mailing Address 6017 PINE RIDGE ROAD #189 NAPLES, FL 34119
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50058378

2. Principal Place of Business 2219 BUNKER ROAD Suite, Apt. #, etc.	3. Mailing Address 2219 BUNKER ROAD Suite, Apt. #, etc.
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07142005 Chg-P CR2E034 (10/03)

City & State LEHIGH ACRES FL	City & State LEHIGH ACRES FL	4. FEI Number 01-0576671	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33971	Country USA	Zip 33971	Country USA
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GONZALEZ, JAVIER 6017 PINE RIDGE ROAD #189 NAPLES, FL 34119		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GONZALEZ, JAVIER 6017 PINE RIDGE ROAD #189 NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD D BERMUDEZ, LUIS N 325 NW 119TH COURT MIAMI, FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: JAVIER GONZALEZ Date: 239-303-3357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #