

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044726

Entity Name: VALKARIA PARTNERS, INC.

FILED
May 24, 2007
Secretary of State

Current Principal Place of Business:

325 FIFTH AVE STE 203
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

325 FIFTH AVE STE 203
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 16-1661815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONS, O.H. JR
325 FIFTH AVE STE 203
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: NATIONS, O.H. JR
Address: 325 FIFTH AVE STE 203
City-St-Zip: INDIALANTIC, FL 32903

Title: DVS () Delete
Name: NATIONS, VICTORIA W
Address: 2935 POMELLO ROAD
City-St-Zip: VALKARIA, FL 32950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: O H NATIONS JR

D

05/24/2007

Electronic Signature of Signing Officer or Director

Date