2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-03-2004 90010 006 ***550.00

66432802

MOORE CR2E034 (4/04)

DOCUMENT # P03000114278

1. Entity Name
VALUXI ENTERTAINMENT INC.

Principal Place of Business	Mailing Address
3448 STATE ROAD 13 JACKSONVILLE FL 32259	~~3448 STATE ROAD 13~~ ~~JACKSONVILLE FL 32259~~ PO BOX 985 Old Town, FL 32680

2. Principal Place of Business		3. Mailing Address	
Po Box 985,		Po Box 985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Old Town, Florida		City & State: Old Town, Florida	
Zip: 32680	Country: Dixie	Zip: 32680	Country: Dixie

4. FEI Number: 90-0122-918 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HERRING, H DALE ~~3448 STATE ROAD 13~~ 526 SE 897 Street ~~JACKSONVILLE FL 32259~~ Old Town, Fl 32680	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 9, 2004 Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HERRING, H DALE		NAME		
STREET ADDRESS	3448 STATE ROAD 13		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32259		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 8-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #