


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

08-01-2005 90025 016 \*\*\*150.00

<b>DOCUMENT # P04000046924</b>	
1. Entity Name <b>VALMED CORP.</b>	

Principal Place of Business <b>5080 N. OCEAN DR. 1A SINGER ISLAND, FL 33404</b>	Mailing Address <b>5080 N. OCEAN DR. 1A SINGER ISLAND, FL 33404</b>
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**50058835**



2. Principal Place of Business <b>525 South Flagler Drive Suite, Apt. #, etc. # 23 B</b>	3. Mailing Address  Suite, Apt. #, etc.
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07262005 Chg-P CR2E034 (10/03)

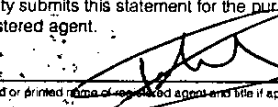
City & State <b>WEST PALM BEACH, FL</b>	City & State  
Zip <b>33401</b>	Country <b>U.S.A</b>

4. FEI Number <b>20-0885526</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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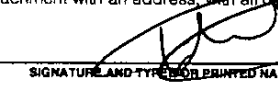
6. Name and Address of Current Registered Agent  <b>POITOUT, GUY 5080 N. OCEAN DR. 1A SINGER ISLAND, FL 33404</b>	
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7. Name and Address of New Registered Agent  Name <b>POITOUT GUY</b> Street Address (P.O. Box Number is Not Acceptable) <b>525 South Flagler Drive # 23 B</b> City <b>WEST PALM BEACH FL</b> Zip Code <b>33401</b>	
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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 	DATE <b>07/25/05</b>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KIRN, MARK 445 GRAND BAY DR. UNIT 1207 KEY BISCAYNE, FL 33149 <input checked="" 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	D KIRN, MARK 445 GRAND BAY DR. UNIT 1207 KEY BISCAYNE, FL 33149 <input checked="" 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	TSD ELLI, ALBERTO 445 GRAND BAY DR. UNIT 1207 KEY BISCAYNE, FL 33149 <input checked="" 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	CFO ELLI, ALBERTO 445 GRAND BAY DR. UNIT 1207 KEY BISCAYNE, FL 33149 <input checked="" 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	VPD MAGNELL, CARL 445 GRAND BAY DR. UNIT 1207 KEY BISCAYNE, FL 33149 <input checked="" 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	VPD POITOUT, GUY 5080 N. OCEAN DR. 1A SINGER ISLAND, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PTSD POITOUT GUY 525 South Flagler Drive West Palm Beach FL 33401</b>

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: 	DATE <b>07/25/05</b> DAYTIME PHONE # <b>561.514.0120</b>