2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000150623

Entity Name: VALENTE'S INTERIOR INC.

FILED Apr 29, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

2717 SOMBER RD 2717 SW SOMBER RD PORT ST LUCIE, FL 34953 PORT ST LUCIE, FL 34953

Current Mailing Address: New Mailing Address:

27117 SOMBER RD 2717 SW SOMBER RD PORT ST LUCIE, FL 34953 PORT ST LUCIE, FL 34953

FEI Number: 37-1498770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VALENTE, ANDRE VALENTE, ANDRE PT
2717 SOMBER RD 2717 SW SOMBER RD
PORT ST LUCIE, FL 34953 US PORT ST LUCIE, FL 34953 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: ANDRE VALENTE 04/29/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete Title: PT (X) Change () Addition

 Name:
 VALENTE, ANDRE
 Name:
 VALENTE, ANDRE

 Address:
 2717 SOMBER RD
 Address:
 2717 SW SOMBER RD

 City-St-Zip:
 PORT ST LUCIE, FL 34953
 City-St-Zip:
 PORT ST LUCIE, FL 34953

Title: VIP () Delete Title: SECY (X) Change () Addition Name: VALENTE, LINDA Name: VALENTE, LINDA

 Address:
 2717 SOMBER RD
 Address:
 2717 SW SOMBER RD

 City-St-Zip:
 PORT ST LUCIE, FL 34953
 City-St-Zip:
 PORT ST LUCIE, FL 34953

Title: SECY () Delete Title: VIP (X) Change () Addition

 Name:
 VALENTE, DAVID
 Name:
 VALENTE, DAVID

 Address:
 2717 SOMBER RD
 Address:
 2717 SW SOMBER

 City-St-Zip:
 PORT ST LUCIE, FL 34953
 City-St-Zip:
 PORT ST LUCIE, FL 34953

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: ANDRE VALENTE PT 04/29/2008