


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90245 042 \*\*\*150.00

<b>DOCUMENT # P05000024348</b>					
1. Entity Name <b>VALDEMAR INTERNATIONAL CORP.</b>					
Principal Place of Business 13900 COUNTY ROAD 455 SUITE 107-145 CLERMONT FL 34711			Mailing Address 13900 COUNTY ROAD 455 SUITE 107-145 CLERMONT FL 34711		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>593798778</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>VOLKERSON, AMANDA J 13900 COUNTY ROAD 455 SUITE 107-145 CLERMONT FL 34711</b>				7. Name and Address of New Registered Agent	
				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 _____ <small>Signature, typed or printed name of registered agent and, if not applicable, (NOTE: Registered Agent signature required when renewing)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VOLKERSON, AMANDA J		NAME		
STREET ADDRESS	13900 COUNTY ROAD 455 SUITE 107-145		STREET ADDRESS		
CITY - ST - ZIP	CLERMONT FL 34711		CITY - ST - ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLKERSON, DENIS		NAME		
STREET ADDRESS	13900 COUNTY ROAD 455 SUITE 107-145		STREET ADDRESS		
CITY - ST - ZIP	CLERMONT FL 34711		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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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 exemptions contained in Section 119, 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: <u>Amanda J Volkerson</u> <u>Amanda J Volkerson</u> <u>3-7-06</u> <u>321-229-2495</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="margin-left: 200px;"><small>Date</small></span> <span style="margin-left: 100px;"><small>Daytime Phone #</small></span>					