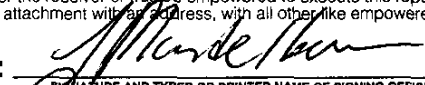


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90015 029 ***150.00

DOCUMENT # P05000096439					
1. Entity Name VALENTINE FARM CORP.					
Principal Place of Business 12765 FOREST HILL BLVD SUITE 1302 WELLINGTON, FL 33414			Mailing Address 12765 FOREST HILL BLVD SUITE 1302 WELLINGTON, FL 33414		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3807321	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DE MENDOZA, III, MARIO G. P.A. 12765 FOREST HILL BLVD SUITE 1302 WELLINGTON, FL 33414				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	V CELINE, OLEXA 12765 FOREST HILL BLVD STE 1302 WELLINGTON, FL 33414	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTs Mandelbaum, Leonardo 12765 Forest Hill Blvd., Suite 1302 Wellington, FL 33414	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CELINE, OLEXA 12765 FOREST HILL BBVD, STE 1302 WELLINGTON, FL 33414	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Celine, Olexa 12765 Forest Hill Blvd., Suite 1302 Wellington, FL 33414	☐ Change ☒ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			4/10/08 262 2621		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Leonardo Mandelbaum, President					