

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113832

Entity Name: VALERIAN HOLDINGS, INC.

FILED
Apr 16, 2008
Secretary of State

Current Principal Place of Business:

345 CARIBBEAN BLVD
KEY BISCAYNE, FL 33149

New Principal Place of Business:

425 WEST MASHTA DR.
KEY BISCAYNE, FL 33149

Current Mailing Address:

345 CARIBBEAN BLVD
KEY BISCAYNE, FL 33149

New Mailing Address:

425 WEST MASHTA DR.
KEY BISCAYNE, FL 33149

FEI Number: 42-1677957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNELL, ELIZABETH
345 CARIBBEAN BLVD
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

O'CONNELL, ELIZABETH
425 WEST MASHTA DR.
KEY BISCAYNE, FL 33149 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:

04/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: O'CONNELL, ELIZABETH
Address: 345 CARIBBEAN BLVD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPST () Delete
Name: CINQUEGRANA, RIDGELY
Address: 345 CARIBBEAN BLVD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: CINQUEGRANA, RIDGELY
Address: 345 CARIBBEAN BLVD
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: O'CONNELL, ELIZABETH
Address: 425 WEST MASHTA DR.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPST (X) Change () Addition
Name: CINQUEGRANA, RIDGELY
Address: 425 WEST MASHTA DR.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D (X) Change () Addition
Name: CINQUEGRANA, RIDGELY
Address: 425 WEST MASHTA DR.
City-St-Zip: KEY BISCAYNE, FL 33149

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: ELIZABETH O'CONNELL

PD

04/16/2008

Electronic Signature of Signing Officer or Director

Date