

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000079915

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** BUILDING VALUES TECHNICAL AND VOCATIONAL CENTER, INC

**Current Principal Place of Business:**

4850 NORTH STATE ROAD SEVEN  
BUILDING G, SUITE 111  
LAUDERDALE LAKES, FL 33319

**New Principal Place of Business:**

5481 NORTH STATE ROAD SEVEN  
TAMARAC, FL 33319

**Current Mailing Address:**

4850 NORTH STATE ROAD SEVEN  
BUILDING G, SUITE 111  
LAUDERDALE LAKES, FL 33319

**New Mailing Address:**

5481 NORTH STATE ROAD SEVEN  
TAMARAC, FL 33319

**FEI Number:** 27-1010109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARCHIBALD, VERONICA  
4850 NORTH STATE ROAD SEVEN  
BUILDING G, SUITE 111  
LAUDERDALE LAKES, FL 33319 US

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

ARCHIBALD, VERONICA  
5481 NORTH STATE ROAD SEVEN  
TAMARAC, FL 33319 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: VERONICA ARCHIBALD

04/28/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: DUGGAN, JOAN E  
Address: 1107 SW 49 TERRACE  
City-St-Zip: MARGATE, FL 33068 US

Title: VP/D  
Name: TERRANCE, BARNETT  
Address: 1418 6TH. STREET  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: S/T  
Name: ARCHIBALD, VERONICA  
Address: 4971 NW 53RD. AVENUE  
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: D  
Name: LOUDEN, GIFFORD H  
Address: 5035 SABRELINE TERRACE  
City-St-Zip: GREENACRES, FL 33463 US

Title: D  
Name: CAMPBELL, DERVAL  
Address: 4154 INVERRARY DRIVE, APT. 310  
City-St-Zip: LAUDERHILL, FL 33319 US

Title: D  
Name: LOUDEN, WINSOME T  
Address: 5035 SABRELINE TERRACE  
City-St-Zip: GREENACRES, FL 33463 US

I hereby 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 all other like empowered.

SIGNATURE: VERONICA ARCHIBALD

S/T

04/28/2010

Electronic Signature of Signing Officer or Director

Date