

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000029738

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: VALENTIN, INC.

**Current Principal Place of Business:**

6346 LANTANA RD  
SUITE 64  
LAKE WORTH, FL 33463 US

**New Principal Place of Business:**

**Current Mailing Address:**

6346 LANTANA RD  
SUITE 64  
LAKE WORTH, FL 33463 US

**New Mailing Address:**

FEI Number: 65-0493242      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

WHALEN, TIMOTHY L  
301 CLEMATIS STREET  
STE #200  
WEST PALM BEACH, FL 33401 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HAWRYLUK, MARCELO  
Address: 15655 TEMPLE BLVD.  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VSD ( ) Delete  
Name: HAWRYLUK, SANDRA  
Address: 5048 LANTANA RD, APT 5209  
City-St-Zip: LAKE WORTH, FL 33463

Title: T ( ) Delete  
Name: HAWRYLUK, VALENTIN  
Address: 15655 TEMPLE BLVD.  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: AS ( ) Delete  
Name: HAWRYLUK, NORMA  
Address: 15655 TEMPLE BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S ( ) Delete  
Name: HAWRYLUK, CARLOS  
Address: 1614 SE GREENACRES, UNIT 0-103  
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: HAWRYLUK, VALENTIN  
Address: 2684 DEER RUN TRAIL  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: AS (X) Change ( ) Addition  
Name: HAWRYLUK, NORMA  
Address: 2684 DEER RUN TRAIL  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: M. HAWRYLUK

PD

04/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date