

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