

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P95000044587

1. Entity Name  
CLOUD VALLEY INVESTMENTS, INC.



**FILED  
Sep 07, 2006 8:00 am  
Secretary of State**

09-07-2006 90012 030 \*\*\*550.00

Principal Place of Business  
10715 SIKES PLACE SUITE 120  
CHARLOTTE, NC 28277

Mailing Address  
10715 SIKES PLACE SUITE 120  
CHARLOTTE, NC 28277

2. Principal Place of Business  
10800 Sikes Place

Suite, Apt. #, etc.

Suite 170

City & State

Charlotte, NC

Zip

28277

Country

USA

3. Mailing Address

10800 Sikes Place

Suite, Apt. #, etc.

Suite 170

City & State

Charlotte, NC

Zip

28277

Country

USA

09052006 Chg-P CR2E034 (11/05)

4. FEI Number  
65-0599833

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANDERS, DOUGLAS J ESQ  
13627 DEERING BAY DRIVE #704  
CORAL GABLES, FL 33158

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 15, 2006**

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	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGHAM, EDWARD J		NAME	Edward J. P. Brigham
STREET ADDRESS	10715 SIKES PLACE SUITE 120		STREET ADDRESS	10800 Sikes Place, Suite 170
CITY-ST-ZIP	CHARLOTTE, NC 28277		CITY-ST-ZIP	Charlotte, NC 28277
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: *Edward J. P. Brigham* → *Edward J. P. Brigham 9/5/06 706-579-1477*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #