2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P95000054196

Entity Name: VALVO SPECIALISTS, INC.

Current Principal Place of Business:

2815 CAPITAL CIR NE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

2815-2 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 US

Current Mailing Address:

2815 CAPITAL CIR NE
TALLAHASSEE, FL 32308 US

New Mailing Address:

2815-2 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 US

FEI Number: 59-3312491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLVIN, TOM
2815 CAPITAL CIR NE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

COLVIN, TOM
2815-2 CAPITAL CIR NE
TALLAHASSEE, FL 32308 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: _____ 04/29/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: COLVIN, TOM
Address: 2815 CAPITAL CIR NE
City-St-Zip: TALLAHASSEE, FL 32308

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: COLVIN, TOM
Address: 2815-2 CAPITAL CIR NE
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP ( ) Change (X) Addition
Name: JONES, MICHAEL R
Address: 511 GLENVIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

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: TOM COLVIN PSTD 04/29/2009
Electronic Signature of Signing Officer or Director — Date