
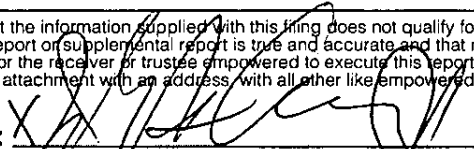


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90046 006 \*\*\*150.00

<b>DOCUMENT # P95000094258</b> 1. Entity Name <b>VALENCIA CORPORATION OF BRADENTON</b>					
Principal Place of Business 1515 RINGLING BLVD STE 890 SARASOTA, FL 34236 US			Mailing Address 1515 RINGLING BLVD STE 890 SARASOTA, FL 34236 US		
2. Principal Place of Business <b>3500 EL CONQUISTADOR PKY</b>		3. Mailing Address <b>2400 WALLACE AVE</b>			
Suite, Apt. #, etc. <b>#242</b>		Suite, Apt. #, etc. <b>#260</b>			
City & State <b>BRADENTON, FL</b>		City & State <b>SARASOTA, FL</b>			
Zip <b>34210</b>		Country <b>MANATEEA</b>		Zip <b>34237</b>	
Country <b>MANATEEA</b>		Country <b>SARASOTA</b>			
6. Name and Address of Current Registered Agent  <b>AVERY, JOSEPH H JR.</b> <b>3500 EL CONQUISTADOR PKWY</b> <b>#242</b> <b>BRADENTON, FL 34210</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST AVERY, JOSEPH H JR. 3500 EL CONQUISTADOR PKWY #242 BRADENTON, FL 34210		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> 			<b>JOSEPH AVERY</b> <b>PRESIDENT</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>03/29/05</b> <small>Daytime Phone #</small>		