


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000006374</b>	
<b>1. Entity Name</b> FACE VALUE, INC.	

<b>Principal Place of Business</b> 2240 WOODBRIGHT ROAD STE 406 BOYNTON BEACH, FL 33426 US	<b>Mailing Address</b> 2240 WOODBRIGHT ROAD STE 406 BOYNTON BEACH, FL 33426 US
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04122004    No Chg-P    CR2E034 (10/03)

<b>4. FEI Number</b> 65-0665482	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

POLLEY, KAREN  
2240 WOODBRIGHT ROAD  
SE 406  
BOYNTON BEACH, FL 33426

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IN THIS SPACE**

**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 4 applicable (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	PD POLLEY, KAREN 5653 ORANGE RD WEST PALM BEACH, FL 33413
<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	VPD POLLEY, FREDERICK 5653 ORANGE RD WEST PALM BEACH, FL 33413
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04/15/04-80054-022 150.00

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Karen Polley    4/12/04    561 735-3394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #