



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90200 012 ***150.00

DOCUMENT # P96000087003 1. Entity Name ADVAL SOLUTIONS, INC.					
Principal Place of Business 12734 KENWOOD LANE SUITE 32 FORT MYERS, FL 33907			Mailing Address 12734 KENWOOD LANE SUITE 32 FORT MYERS, FL 33907		
2. Principal Place of Business - No P.O. Box # 6150 DIAMOND CENTRE COURT Suite, Apt. #, etc. SUITE 1001		3. Mailing Address 6150 DIAMOND CENTRE COURT Suite, Apt. #, etc. SUITE 1001			
City & State FORT MYERS, FL		City & State FORT MYERS, FL		4. FEI Number 65-0706460	
Zip 33912		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACKWOOD, ALICE R 12734 KENWOOD LANE SUITE 32 FORT MYERS, FL 33907				7. Name and Address of New Registered Agent Name BLACKWOOD, ALICE R. Street Address (P.O. Box Number is Not Acceptable) 6150 DIAMOND CENTRE COURT SUITE 1001 City FORT MYERS	
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 <u><i>Alice R. Blackwood</i></u> ALICE R. BLACKWOOD PRESIDENT 4/18/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVST <input type="checkbox"/> Delete NAME BLACKWOOD, ALICE R. STREET ADDRESS 12734 KENWOOD LANE, SUITE 32 CITY-ST-ZIP FORT MYERS, FL 33907				TITLE PVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME BLACKWOOD, ALICE R. STREET ADDRESS 6150 DIAMOND CENTRE COURT, SUITE 1001 CITY-ST-ZIP FORT MYERS, FL 33912	
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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: <u><i>Alice R. Blackwood</i></u> ALICE R. BLACKWOOD 4/18/07 (239) 278-3133 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					