## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 17, 2008 8:00 am Secretary of State 03-17-2008 90004 010 \*\*\*150.00

Sp.					# P9800001838( vc.	me	1. Entity Nam VALLEY
Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  S. Certificate of Status Desired Search Registered Agent  Thomas, Andress of New Registered Agent  Thomas, Andress of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Str	. XVIII (UVII OVII OVII )		•	116 BALMORAL ROAD	7	RAL ROAD	716 BALMOR
City & State  Country  Country  S. Certificate of Status Desired  \$8. 75 Additional Fee Required  Registered Agent  THOMAS, ANDRÉW B 1625 LAKESIDE DR STE 200  DELAND, FL 32720  City  FL  Zip Code  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 acceptable of the obligations of registered agent.  SignaTURE  Signature, uped or printed name of registered agent and size if applicable  FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  DIT.  IIIIE  DIT.  HOMAS, JAMES B THOMAS, JAMES B SIREET ADDRESS CITY-ST-2IP  DIVS  THOMAS, ANDREW B SIREET ADDRESS CITY-ST-2IP  Change Added to Fees  Change Added to Fee			<del></del>	Mailing Address	ness - No P.Ö. Box # 3.	Place of Busin	2. Principal P
Separation   Sep	(12/06)	03112008 Chg-P CR2E034		Suite, Apt. #, etc.		, #, etc.	Suite, Apt.
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  THOMAS, ANDRÉW B 1625 LAKESIDE DR STE 200  DELAND, FL 32720  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accidented obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent	Applied For Not Applicable	_		City & State		te	City & State
THOMAS, ANDREW B 1625 LAKESIDE DR STE 200 DELAND, FL 32720  City  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 act the obligations of registered agent.  SIGNATURE  Signature, typed or privide name of registered agent and size if applicable.  INOTE: Registered Agent signature required when reinstancy)  DATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  DPT THOMAS, JAMES B THOMAS, ANDREW B SIREET ADDRESS CITY-S1-ZIP  ITILE DVS THOMAS, ANDREW B SIREET ADDRESS CITY-S1-ZIP  THOMAS, ANDREW B SIREET ADDRESS CITY-S1-ZIP  TITLE DVS THOMAS, ANDREW B SIREET ADDRESS CITY-S1-ZIP  TITLE DVS THOMAS, ANDREW B SIREET ADDRESS CITY-S1-ZIP  TITLE DVS THOMAS, ANDREW B SIREET ADDRESS			intry	Zip Coun	Country		Zip
THOMAS, ANDRÉW B 1625 LAKESIDE DR STE 200 DELAND, FL 32720  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 accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent.  SIGNATURE  Signature, your or printed name of registered agent and site if applicable.  MOTE Registered Agent signature required when remissaring)  DATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  P. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE THOMAS, JAMES B STREET ADDRESS  OITY-S1-ZIP  WINTER PARK, FL 32789  UNITER PARK, FL 32789  Delate  THOMAS, ANDREW B STREET ADDRESS  OITY-S1-ZIP  TITLE MAKE STREET ADDRESS  OITY-S1-ZIP  TITLE MAKE STREET ADDRESS	ent	7. Name and Address of New Registered Ag	Nama	stered Agent	and Address of Current Regis	6. Name	
STE 200 DELAND, FL 32720  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 according to registered agent.  SIGNATURE		(P.O. Box Number is Not Acceptable)			VB R	, ANDREW	THOMAS,
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 acc 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)  Part  FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  NAME  THOMAS, JAMES B  THOMAS, JAMES B  THOMAS, JAMES B  THOMAS, ANDREW B  SIREET ADDRESS  CITY-S1-ZIP  TITLE  DVS  Delate  THUE  NAME  SIREET ADDRESS  CITY-S1-ZIP  Delate  THOMAS, ANDREW B  1625 LAKESIDE DR STE 200  CITY-S1-ZIP  Delate  TITLE  Delate  TITLE  MAME  SIREET ADDRESS  CITY-S1-ZIP  Delate  TITLE  Delate  TITLE  Delate  TITLE  MAME  SIREET ADDRESS  SIREET							STE 200
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indicated on this report or supplemental report is frue and accurate and that my signature shall have the same legal effect as it 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.

407, 629. 6363 Daytime Phone #