

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-08-2005 90021 020 ***150.00

FILED P99000014233

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 20 AM 9:16

DOCUMENT # P99000014233

1. Entity Name
VALWAY REAL ESTATE CORP.



Principal Place of Business
15 F. SOUTHPORT LANE
BOYNTON BEACH, FL 33436

Mailing Address
15 F. SOUTHPORT LANE
BOYNTON BEACH, FL 33436

2. Principal Place of Business

3. Mailing Address
630 NE 5th Avenue

DATE, MONTH, YEAR

DATE, MONTH, YEAR

07052005

Chg-P

CR2E034 (10/03)

50055180



City & State

City & State

Delray Beach, FL

65-0934506

Zip

Country

Zip

Country

33483

9. Certificate of Similar Unusual

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALLEY, JOHN
15 F. SOUTHPORT LANE
BOYNTON BEACH, FL 33436

Name

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 accept the obligations of registered agent.

SIGNATURE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added in Fee

In accordance with s. 807.103(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS BY 11

TITLE
D
NAME
VALLEY, JOHN
STREET ADDRESS
15 F. SOUTHPORT LANE
CITY-STATE-ZIP
BOYNTON BEACH, FL 33436

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Change

Addition

TITLE
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CITY-STATE-ZIP

Change

Addition

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CITY-STATE-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Change

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, and that I am an officer or director of the corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in each of the following:

SIGNATURE:

John Valley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 5, 2005 561-276-4324