

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V19155

FILED
Jan 04, 2005
Secretary of State

Entity Name: VALUE ALTERNATIVES INCORPORATED

Current Principal Place of Business:

537 S.E. CENTRAL PARKWAY
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

537 S.E. CENTRAL PARKWAY
STUART, FL 34994 US

New Mailing Address:

FEI Number: 65-0333306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOFFITT, JOHN W.
1456 NE OCEAN
BLDG 4-102
STUART, FL 34996 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOFFITT, JOHN W.
Address: 537 S.E. CENTRAL PARKWAY
City-St-Zip: STUART, FL 34994

Title: S () Delete
Name: NEVILL, JERRY W.
Address: 1002 NOTTINGHAM DR.
City-St-Zip: CARROLLTON, TX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOFFITT, JOHN W.
Address: 537 S.E. CENTRAL PARKWAY
City-St-Zip: STUART, FL 34994

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. MOFFITT

P

01/04/2005

Electronic Signature of Signing Officer or Director

_____ Date