FILED May 01, 2002 8:00 am Secretary of State

			ORATIO		007
UNIFORM	BUSIN	ESS R	EPORT (UBR)	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

DOCUMENT # V 38831 05-01-2002 91525 021 ***150.00 K. D. VALENTINE , INC. 643811 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 855 5. FEDERAL HWY "SAME" Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE STE. City & State City & State 4. FEI Number Applied For BOCA RATON <u>65-035/242</u> Not Applicable Country \$8.75 Additional 33432-6130 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent VALENTINE , KENUETH -DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 5TE. 103 BOCA RATON 33432 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. SIGNATURE X (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Amended UBR is \$61,25 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE TITLE NAME VALENTINE , KENNETH NAME 855 5, FEDERAL HMY, STE.103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOSA RATON, FL 33432 CHY-ST-ZIP TITLE THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE TITLE NAME NAME STREET-ADDRESS STREET ADDRESS DO NOT WRITE CHTY-ST-ZIP CHY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TIFLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7JP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP 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; 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 11 or on an attachment with an address, win all other like empowered.