

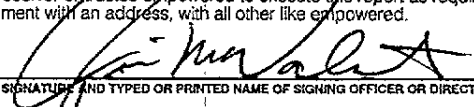


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # V45839 1. Entity Name VALENTINE INDUSTRIES, INC.			
Principal Place of Business 11 PINEFOREST CIRCLE HAINES CITY, FL 33844 US		Mailing Address P.O. BOX 717 DUNDEE, FL 33838 US	
DO NOT WRITE IN THIS SPACE			
		02282006 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-3127558		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALENTINE, JAMIE 11 PINE FOREST CIRCLE HAINES CITY, FL 33844		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		 000000551306 05/13/06-80094-007 150.00 DO NOT WRITE IN THIS SPACE	
TITLE P NAME VALENTINE, MATTHEW W. STREET ADDRESS 11 PINEFOREST CIRCLE CITY-ST-ZIP HAINES CITY, FL 33844			
TITLE VP NAME VALENTINE, JAMIE M. STREET ADDRESS 11 PINEFORST CIRCLE CITY-ST-ZIP HAINES CITY, FL 33844			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		Date _____ Daytime Phone # _____	