2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V49384

Entity Name: MICHAEL VALENTINE'S, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

2840 HUNTER STREET FT. MYERS, FL 33916 US

Current Mailing Address: New Mailing Address:

2840 HUNTER STREET FT. MYERS, FL 33916 US

FEI Number: 65-0345296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VALENTINE, MICHAEL J
2840 HUNTER STREET
FORT MYERS, FL 33916 US

VALENTINE, CONNIE
2840 HUNTER STREET
FORT MYERS, FL 33916 US

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: CONNIE VALENTINE 05/01/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PD (X) Change () Addition Name: VALENTINE, MICHAEL Name: VALENTINE, CONNIE_

 Address:
 1806 SE 6TH AVE
 Address:
 2840 HUNTER STREET

 City-St-Zip:
 CAPE CORAL, FL 33909
 City-St-Zip:
 FT. MYERS, FL 33916

Title: SVD () Delete Title: ST (X) Change () Addition Name: VALENTINE, CONNIE Name: VALENTINE, CRISTY

Address: 1806 SE 6TH AVE
City-St-Zip: CAPE CORAL, FL 33909

Address: 77/EENTINE, ONTITION OF THE CONTROL OF THE

Title: VP (X) Delete Title: () Change () Addition

 Name:
 VALENTINE, GREGORY M
 Name:

 Address:
 2904 NE 3RD AVE
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33909
 City-St-Zip:

Title: VP (X) Delete Title: () Change () Addition

 Name:
 VALENTINE, MATTHEW R
 Name:

 Address:
 2849 SW 51ST STREET
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33914
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CONNIE VALENTINE PD 05/01/2009