

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FI
Feb 15, 20
Secret**

DOCUMENT # V64833
1. Entity Name
NORVAL, INC.



Principal Place of Business 5106 MALLARD'S PLACE COCONUT CREEK, FL 33073 US	Mailing Address 5106 MALLARD'S PLACE COCONUT CREEK, FL 33073 US
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DO NOT WRITE IN THIS SPACE



02122006 No Chg-P CRZE034 (11/05)

4. FEI Number 65-0361777	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

**DEARING, RONALD J.
5106 MALLARD'S PLACE
COCONUT CREEK, FL 33073**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEARING, RONALD J. SR. 5106 MALLARD'S PLACE COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000435639
02/25/06-80050-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Ronald J. Dearing, Sr.* **RONALD J. DEARING, SR.** 2-13-06 954-383-0193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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SIGNATURE: *[Signature]* 1/5/2006 305-246-3878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #