

1.) CORPORATION NAME: <b>VALIANT PRODUCTS, INC.</b>	DUE DATE: <b>12/31/2013</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>REGISTERED AGENT SOLUTIONS, INC.          7288 HANOVER GREEN DRIVE          MECHANICSVILLE, VA</b>	SCC ID NO: <b>F1589409</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>FL</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 939 W QUINCY ST

CITY/ST/ZIP: LAKELAND, FL 33815

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: DOROTHY JOHNSON TITLE: VP/CFO ADDRESS: 939 W QUINCY ST CITY/ST/ZIP/CO: LAKELAND, FL 33815				

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ROBERT F ENGLISH TITLE: DIRECTOR ADDRESS: 939 W QUINCY ST CITY/ST/ZIP/CO: LAKELAND, FL 33815				

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DOROTHY JOHNSON	DOROTHY JOHNSON, VP/CFO	2/3/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.