

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 08:00-AM**  
**Secretary of State**

DOCUMENT # P98000017695  
 1. Entity Name  
 LU- VAL PROPERTIES, INC.



Principal Place of Business      Mailing Address  
 34871 EMERALD COAST PKWY      34871 EMERALD COAST PKWY  
 DESTIN, FL 32541                      DESTIN, FL 32541 US



02142006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3494097	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 VALLIANTATOS, ANDREW  
 34871 EMERALD COAST PARKWAY  
 DESTIN, FL 32541

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VALLIANATOS, ANDREW 34871 EMERALD COAST PKWY DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VALLIANATOS, JOHN 34871 EMERALD COAST PKWY DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LUPER, ZVI 7861 BAYOU CLUB BLVD. LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LUPER, HANAN 7347 SAWGRASS POINT DR. PINELLAS POINT, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

1100000452519  
 03/01/06 80002 002 150.00

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: *Hanan Luper*      2-23-06      850-837-7500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #