


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90073 048 ***150.00

DOCUMENT # 345647 1. Entity Name VAL - U REAL ESTATE, INC.					
Principal Place of Business 609 US 41 SOUTH INVERNESS, FL 34458 US			Mailing Address P O BOX 2526 INVERNESS, FL 34451 US		
2. Principal Place of Business - No P.O. Box # 609 US 41 South		3. Mailing Address Suite, Apt. #, etc.			
City & State INVERNESS FL		City & State			
Zip 34450		Country US		4. FEI Number 59-1261820	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent INFANTINO, THOMAS V JR 180 S KNOWLES WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INFANTINO, THOMAS V,SR 609 US 41 S INVERNESS, FL 34450	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD INFANTINO, THOMAS V JR 180 S KNOWLES STE 7 WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS INFANTINO, FRANCES 609 US 41 S P O BOX 2526 N/A INVERNESS, FL 34451	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D RICHARD S. INFANTINO 609 US 41 SOUTH INVERNESS FL 34450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIVIAN E. INFANTINO 609 US 41 SOUTH INVERNESS FL 34450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN O. INFANTINO 609 US 41 SOUTH INVERNESS FL 34450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <u>FRANCES INFANTINO</u> FRANCES INFANTINO <u>4/19/07</u> <u>352-726-9478</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					