2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# 629917

Entity Name: VER-VAL ENTERPRISES INC.

Current Principal Place of Business:

646 ANCHORS STREET
UNIT #8
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 4550
FORT WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 59-1928320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH JR, NATHANIEL
646 ANCHORS STREET SUITE 8
P.O BOX 4550
FORT WALTON BEACH, FL 32549 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMITH JR, NATHANIEL,
Address: 949 POCAHONTAS DRIVE
City-St-Zip: FT WALTON BCH, FL 00000,

Title: STD ( ) Delete
Name: SMITH, JANNIE V,
Address: 949 POCAHONTAS DR
City-St-Zip: FT WALTON BCH., FL 00000,

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SMITH JR, NATHANIEL,
Address: 646 ANCHORS STREET
City-St-Zip: FORT WALTON BEACH, FL 32547 OK

Title: STD (X) Change ( ) Addition
Name: SMITH, JANNIE V,
Address: 949 POCAHONTAS DR
City-St-Zip: FORT WALTON BEACH, FL 32547 OK

Title: MEMB ( ) Change (X) Addition
Name: MCCRACKIN, VERONICA A MEMBER
Address: 1890 MYRICK ROAD
City-St-Zip: TALLAHASSEE, FL 32303 LE

Title: MEMB ( ) Change (X) Addition
Name: SMITH, VALERIE D MEMBER
Address: 9929 TIN SMITH WAY
City-St-Zip: KNOXVILLE, TN 37931 KN

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: NATHANIEL SMITH, JR. PRES 03/23/2009

Electronic Signature of Signing Officer or Director — Date