2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# F03000004060

Entity Name: VALUPOWER RESOURCES, INC.

Current Principal Place of Business:

114 STONE MOUNTAIN STREET
SUITE D
LAWRENCEVILLE, GA 30045

New Principal Place of Business:

Current Mailing Address:

114 STONE MOUNTAIN STREET
SUITE D
LAWRENCEVILLE, GA 30045

New Mailing Address:

FEI Number: 37-1462974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOGAN, LESLEA
12345 SUNSHINE DRIVE
CLAREMONT, FL 34711 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: P ( ) Delete
Name: ROBINSON, JR., H. BUDDY
Address: 1171 EUGENIA TERRACE
City-St-Zip: LAWRENCEVILLE, GA 30045

Title: VP ( ) Delete
Name: PLANES, W. TOM
Address: 1171 VINTAGE WAY
City-St-Zip: HOSCHTON, GA 30548

Title: VP ( ) Delete
Name: MCDONALD, GENE P
Address: 425 BRENTWOOD CIRCLE
City-St-Zip: BRUNSWICK, GA 31523

Title: ST ( ) Delete
Name: ROBINSON, PEGGY T
Address: 1171 EUGENIA TERRACE
City-St-Zip: LAWRENCEVILLE, GA 30045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: H. BUDDY ROBINSON, JR. PRES 04/03/2009

Electronic Signature of Signing Officer or Director Date