

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005956

Entity Name: VLV PROFESSIONALS, INC.

FILED  
Apr 10, 2008  
Secretary of State

## Current Principal Place of Business:

224 MAIN STREET  
SUITE 2D  
SALEM, NH 03079

## New Principal Place of Business:

224 MAIN STREET  
SUITE 1C  
SALEM, NH 03079

## Current Mailing Address:

224 MAIN STREET  
SUITE 2D  
SALEM, NH 03079

## New Mailing Address:

224 MAIN STREET  
SUITE 1C  
SALEM, NH 03079

FEI Number: 14-1880742

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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: DPST ( ) Delete  
Name: AIELLO, VINCENT  
Address: 7 DIAMOND AVENUE  
City-St-Zip: SALEM, NH 03079

Title: VP ( ) Delete  
Name: AIELLO, VINCENT  
Address: 7 DIAMOND AVENUE  
City-St-Zip: SALEM, NH 03079

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CEO ( ) Change (X) Addition  
Name: BARNES, JOSEPH H  
Address: 41 SHERWOOD DR.  
City-St-Zip: NO. ANDOVER, MA 01845

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: VINCENT AIELLO

DPST

04/10/2008

Electronic Signature of Signing Officer or Director

Date