## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000003688

City-St-Zip:

MONTICELLO, FL 32344

FILED May 18, 2009 Secretary of State

Entity Name: VALLEYVIEW ESTATES INC.			
Current Principal Place of Business:		New Principal Place of Business:	
3 VALLEY RIDGE ROAD MONTICELLO, FL 32344			
Current Mailing Address:		New Mailing Address:	
3 VALLEY RIDGE ROAD. MONTICELLO, FL 32344			
FEI Number: 36-4334607 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) la accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:			
BRUMFIELD, BILL 3 VALLEY RIDGE ROAD MONTICELLO, FL 32344 US			
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
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VPD ( ) Delete BRUMFIELD, BILL PRES. 3 VALLEY RIDGE ROAD MONTICELLO, FL 32344	Title: Name: Address: City-St-Zip:	VPD (X) Change ( ) Addition BRUMFIELD, BILL 3 VALLEY RIDGE ROAD MONTICELLO, FL 32344
Title: Name: Address: City-St-Zip:	PD ( ) Delete LUNN, DON VP. 529 VALLEY VIEW TRAIL MONTICELLO, FL 32344	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition WOOD, BRETT 30 VALLEY VIEW COURT MONTICELLO, FL 32344
Title: Name: Address: City-St-Zip:	T () Delete KEHRT, JODY 352 VALLEY VIEW TRL. MONTICELLO, FL 32344	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	S () Delete MCCALL, JULIE 2562 ROYAL OAKS DR. TALLAHASSEE, FL 32309	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address:	C ( ) Delete HALL, JANIE 682 VALLEY VIEW RD.	Title: Name: Address:	C (X) Change ( ) Addition HEATH, JIMMY 613 VALLEY VIEW RD.

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

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MONTICELLO, FL 32344

SIGNATURE: BILL BRUMFIELD VP 05/18/2009