
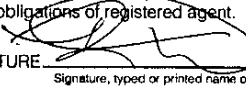
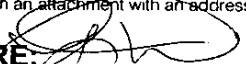


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90074 044 ***150.00

DOCUMENT # P03000073027 1. Entity Name VANWAL, INC.																																					
Principal Place of Business 426 NW CANTORBURY CR PORT SAINT LUCIE, FL 34983			Mailing Address 5475 ST JAMES DR STE 401 PORT SAINT LUCIE, FL 34983																																		
2. Principal Place of Business - No P.O. Box # 426 NW CANTORBURY CR			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																		
Suite, Apt. #, etc. None			Suite, Apt. #, etc. City & State Zip Country																																		
City & State Port St. Lucie, FL			City & State Zip Country																																		
Zip 34983			Country St. Lucie																																		
4. FEI Number 20-0074899			Applied For Not Applicable																																		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																																		
6. Name and Address of Current Registered Agent VAN MOORLEGHEM, ROBERTA 5475 ST JAMES DR, #401 PORT SAINT LUCIE, FL 34983			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:  President DATE: 3-20-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td style="width:70%;"> VAN MOORLEGHEM, ROBERTA 426 NW CANTORBURY CT PORT SAINT LUCIE, FL 34983 </td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> </table>			TITLE	P	<input checked="" type="checkbox"/> Delete	VAN MOORLEGHEM, ROBERTA 426 NW CANTORBURY CT PORT SAINT LUCIE, FL 34983	NAME		<input type="checkbox"/> Delete		STREET ADDRESS		<input type="checkbox"/> Delete		CITY-ST-ZIP		<input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width:70%;"> ROBERTA VAN MOORLEGHEM 426 NW CANTORBURY CT PORT SAINT LUCIE, FL 34983 </td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> </table>			TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	ROBERTA VAN MOORLEGHEM 426 NW CANTORBURY CT PORT SAINT LUCIE, FL 34983	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  President DATE: 3-20-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																					

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