

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000028765

1. Entity Name
VAL-U-KING, INC.



**FILED
Jan 29, 2008 8:00 am
Secretary of State**

01-29-2008 90022 038 ***150.00

40012787



01152008 Chg-P CR2E034 (12/06)

4. FEI Number 20-4661601	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IQBAL, MOHAMED
201 S. CHARLESTON AVENUE
FORT MEADE, FL 33841

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IQBAL, MOHAMED 3452 SUWANNEE STREET ZOLFO SPRINGS, FL 33890	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SULTANA, ROKSANA 3452 SUWANNEE STREET ZOLFO SPRINGS, FL 33890	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THAKUR, ANAYET U 9129 PASEO DE VALENCIA STREET FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIDDIKA, AYESHA 9129 PASEO DE VALENCIA STREET FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mohamed B. Islam*

MOHAMMED B. ISLAM ✓ (863-285-8558)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/08

Date

Daytime Phone #