## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000083822

Name:

Address:

City-St-Zip:

NEUMANN, TÌNA

ORLANDO, FL 32811

4630 S. KIRKMAN RD. STE 297

FILED Feb 15, 2008 Secretary of State

Entity Nan	ne: VALET T	ODAY CORPORATION			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
4630 S. KIF STE 297 ORLANDO	RKMAN RD. 9, FL 32811				
Current M	ailing Addre	ss:	New Mailing Address:	New Mailing Address:	
4630 S. KIF STE 297 ORLANDO	RKMAN RD. ), FL 32811				
FEI Number:	26-0622415	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
NEUMANN, TINA 2430 CLIFFDALE ST. OCOEE, FL 34761 US			NEUMANN, TINA 4630. S. KIRKMAN RD. STE. 297 ORLANDO, FL 32811	4630. S. KIŔKMAN RD.	
The above in the State		submits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: TINA NEUMANN				02/15/2008	
		nic Signature of Registered Ager g Trust Fund Contribution ( ). TORS:		Date S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	NEUMANN, BR	1AN RD. STE 297	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	RANSOM, ERI	1AN RD. STE 297	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title:	Т (	) Delete	Title: (	) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRYAN NEUMANN PD 02/15/2008