


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90018 035 ***150.00

DOCUMENT # P16843

1. Entity Name
VALUED GROUP INCORPORATED



Principal Place of Business
**10629 HOLLYCREST DR
 ORLANDO FL 32836
 US**

Mailing Address
**10629 HOLLYCREST DR
 ORLANDO FL 32836
 US**



2. Principal Place of Business - No P.O. Box #
5015 HAYWOOD RUPPIN RD.

3. Mailing Address
5015 HAYWOOD RUPPIN RD

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State
ST. CLOUD, FL

City & State
ST. CLOUD, FL

Zip
34771

Country
USA

Zip
34771

Country
USA

4. FEI Number
59-2836437

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CROLIUS, VINCENT G.
 10629 HOLLYCREST DR
 ORLANDO FL 32836**

7. Name and Address of New Registered Agent

Name
CROLIUS, VINCENT G.

Street Address (P.O. Box Number is Not Acceptable)
5015 HAYWOOD RUPPIN RD

City
ST. CLOUD, FL

Zip Code
34771

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 _____ DATE _____
Signature, typed or printed name of registered agent and title. (Applicable) (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROLIUS, LUCIE F. 10629 HOLLYCREST DR ORLANDO FL 32836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CROLIUS, VINCENT G. 10629 HOLLYCREST DR ORLANDO FL 32836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROLIUS, LUCIE F. 5015 HAYWOOD RUPPIN RD ST. CLOUD, FL 34771	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CROLIUS, VINCENT G. 5015 HAYWOOD RUPPIN RD ST. CLOUD, FL 34771	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: VG Crolin **VINCENT G. CROLIUS** 1/31/08 407-947-0206
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #