

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16843

FILED
Feb 18, 2009
Secretary of State

Entity Name: VALUED GROUP INCORPORATED

Current Principal Place of Business:

5015 HAYWOOD RUFFIN RD.
SAINT CLOUD, FL 34771 US

New Principal Place of Business:

Current Mailing Address:

5015 HAYWOOD RUFFIN RD.
ST. CLOUD, FL 34711 US

New Mailing Address:

5015 HAYWOOD RUFFIN RD.
SAINT CLOUD, FL 34711 US

FEI Number: 59-2836437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROLIUS, VINCENT G.
5025 HAYWOOD RUFFIN RD
SAINT CLOUD, FL 34771 US

Name and Address of New Registered Agent:

CROLIUS, VINCENT G.
5015 HAYWOOD RUFFIN RD
SAINT CLOUD, FL 34771 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:

02/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CROLIUS, LUCIE F.,
Address: 10629 HOLLYCREST DR
City-St-Zip: ORLANDO, FL 32836

Title: STD () Delete
Name: CROLIUS, VINCENT G.,
Address: 10629 HOLLYCREST DR
City-St-Zip: ORLANDO, FL 32836

Title: DB () Delete
Name: CROLIUS, LUCIE F
Address: 5015 HAYWOOD RUFFIN RD
City-St-Zip: SAINT CLOUD, FL 34771

Title: STD () Delete
Name: CROLIUS, VINCENT G
Address: 5015 HAYWOOD RUFFIN RD.
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CROLIUS, LUCIE F.,
Address: 5015 HAYWOOD RUFFIN RD
City-St-Zip: SAINT CLOUD, FL 34771

Title: STD (X) Change () Addition
Name: CROLIUS, VINCENT G.,
Address: 5015 HAYWOOD RUFFIN RD
City-St-Zip: SAINT CLOUD, FL 34771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LUCIE F. CROLIUS

PD

02/18/2009

Electronic Signature of Signing Officer or Director

Date