## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P97000093788

1. Entity Name VALUE EQUITIES INCORPORATED

Mailing Address

7430 138TH STREET NORTH SEMINOLE, FL 33776

Principal Place of Business

PO BOX 8403 SEMINOLE, FL 33775

## **FILED** Apr 10, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3480051 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Addhional Fee Required

6. Name and Address of Current Registered Agent

MILLS, LINDA 7430 138TH STREET NORTH SEMINOLE, FL 33776

## DO NOT WRITE IN THIS SPACE

			IN THIS SPACE		
8. The above the obliga	named entity submits this statement for the pritions of registered agent.	urpose of changing its registered of	flice or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if	opplicable (NOTE Registered Age	nt signature required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.			
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D MILLS, LINDA 7430 - 138TH ST N SEMINOLE, FL 33776			U00000500207 04/25/06-80003-011 150 (	
TITLE NAME STREET ADDRESS CXTY-ST-ZIP				ווטייבטטטפרמט אכא ארט (1:20) ווטייבטטטטרמט	H)
title name street address chy-st-zip			DO	NOT WRITE	
title name street address city-st-zip			IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		
12. I hereby of indicated	ertify that the information supplied with this fill on this report or supplemental report is true an	ng does not qualify for the exempti nd accurate and that my signature s	ons contained in Chapter 11 that have the same legal effe	9. Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director	

of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name eppears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR