2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000075249

FILED Apr 21, 2009 Secretary of State

Entity Name: VAN DER VALK INVERNESS, INC.	
Current Principal Place of Business:	New Principal Place of Business:
4555 E WINDMILL DRIVE INVERNESS, FL 34453	4543 E WINDMILL DRIVE INVERNESS, FL 34453
Current Mailing Address:	New Mailing Address:
1601 N. FLORIDA AVENUE HERNANDO, FL 34442	
FEI Number: 65-0905715 FEI Number Applied For () FEI	Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
VAN DER VALK TOURS, INC. 1601 N. FLORIDA AVENUE HERNANDO, FL 34442 US	
The above named entity submits this statement for the purpos in the State of Florida.	e of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: PDT ()Delete	Title: PDT (X) Change () Addition

City-St-Zip:

Name: MATSER, CHRISTIAAN G Name: MATSER, CHRISTIAAN G 4555 E. WINDMILL DRIVE 4543 E. WINDMILL DRIVE Address: Address: City-St-Zip: INVERNESS, FL 34453 City-St-Zip: INVERNESS, FL 34453 Title: ٧S () Delete Title: ٧S (X) Change () Addition HUISMAN, WOUTER HUISMAN, WOUTER Name: Name: Address: Address: 4555 E. WINDMILL DRIVE 4543 E. WINDMILL DRIVE INVERNESS, FL 34453 City-St-Zip:

INVERNESS, FL 34453 City-St-Zip:

Title: Title: (X) Change () Addition () Delete Name: VAN ASDONK, REMCO Name: VAN ASDONK, REMCO 4555 E. WINDMILL DRIVE Address: 4543 E. WINDMILL DRIVE Address:

INVERNESS, FL 34453 City-St-Zip: INVERNESS, FL 34453

Title: () Delete Title: (X) Change () Addition VAN DER VALK, KLAAS VAN DER VALK, KLAAS Name: Name:

Address: 4555 E. WINDMILL DRIVE Address: 4543 E. WINDMILL DRIVE INVERNESS, FL 34453 City-St-Zip: INVERNESS, FL 34453 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: CHRISTIAAN G MATSER PDT 04/21/2009