


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000091542</b> 1. Entity Name <b>VALUELE PEOPLE, INC.</b>	
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Principal Place of Business <b>1999 W. COLONIAL DR., STE. 207 ORLANDO, FL 32804</b>	Mailing Address <b>1999 W. COLONIAL DR., STE. 207 ORLANDO, FL 32804</b>
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3602887</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**VAN MECHELEN, PAUL F  
1999 W. COLONIAL DR., STE. 207  
ORLANDO, FL 32804**

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>04/23/08-80045-023 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VAN MECHELEN, PAUL F 1999 W COLONIAL DR STE 207 ORLANDO, FL 32804</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SAN FILIPPO, DAVID R 1999 W COLONIAL DR STE 207 ORLANDO, FL 32804</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Paul F. Van Mechelen* **Paul F. VAN MECHELEN** **04.07.08** **407 581 2571**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Daytime Phone #