

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000119472
1. Entity Name Three Way Food Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3105 N Hwy 19 A Suite, Apt. #, etc.	3. Mailing Address 3105 N Hwy 19 A Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Mount Dora, FL	City & State Mount Dora, FL	4. FEI Number 20-1505737	Applied For <input type="checkbox"/> Not Applicable
Zip 32757	Country	Zip 32757	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name HOSSAIN, TOFAZZAL	
Street Address (P.O. Box Number is Not Acceptable) 3105 N HWY 19-A	
City MOUNT DORA	FL Zip Code 32757

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 if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BHUIYAN, M.D KAMALUDDIN 3105 N HWY 19-A MOUNT DORA FL 32757 US
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AHMED, MOHAMMAD H 3105 N HWY 19-A MOUNT DORA FL 32757 US
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Md. Kamal Bhuyan** **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** 4-11-06 **Daytime Phone #**