


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90417 021 ***150.00

DOCUMENT # P95000044709	
1. Entity Name LIFEWAY, INC.	

Principal Place of Business 830 E OAKLAND PARK BLVD SUITE 121 OAKLAND PARK, FL 33334	Mailing Address 830 E OAKLAND PARK BLVD SUITE 121 OAKLAND PARK, FL 33334
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2. Principal Place of Business 5353 N. FEDERAL HWY. Suite, Apt. #, etc. STE. 301	3. Mailing Address 5353 N. FEDERAL HWY. Suite, Apt. #, etc. STE. 301
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04252006 Chg-P CR2E034 (11/05)

City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
Zip 33308	Country USA
Zip 33308	Country USA

4. FEI Number 65-0507421	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
LEE, MARAH DR. 830 E OAKLAND PARK BLVD SUITE 121 OAKLAND PARK, FL 33334

7. Name and Address of New Registered Agent
Name LEE, MARAH DR.
Street Address (P.O. Box Number is Not Acceptable) 5353 N. FEDERAL HWY. STE. 301
City FT. LAUDERDALE FL
Zip Code 33308

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 **DR MARAH J. LEE, PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	PSTD LEE, MARAH J DR. 830 E OAKLAND PARK BLVD OAKLAND PARK, FL 33334 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEE, MARAH J. DR. 5353 N. FEDERAL HWY. STE. 301 FT. LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Kim Kopacz, Practice Manager** **4/25/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #