

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012049

FILED  
Aug 30, 2006  
Secretary of State

Entity Name: CONDES WAY INC.

**Current Principal Place of Business:**

8466 FORT THOMAS WAY  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

8466 FORT THOMAS WAY  
ORLANDO, FL 32822

**New Mailing Address:**

FEI Number: 33-1126762      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Change (X) Addition  
Name: CONDE SR, KENNETH  
Address: 8466 FORT THOMAS WAY  
City-St-Zip: ORLANDO, FL 32822

Title: V ( ) Change (X) Addition  
Name: CONDE, THERESA M  
Address: 8466 FORT THOMAS WAY  
City-St-Zip: ORLANDO, FL 32822

Title: S ( ) Change (X) Addition  
Name: CONDE, KIMBERLY  
Address: 8466 FORT THOMAS WAY  
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH CONDE SR

P

08/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date