2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# N05000010484

Entity Name: HAVE IT YOUR WAY FOUNDATION, INC.

Current Principal Place of Business:

5505 BLUE LAGOON DRIVE
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

5505 BLUE LAGOON DRIVE
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 06-1765327 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST THIRD AVE. SUITE 2800
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: PD ( ) Delete
Name: RUCKER, CLYDE
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

Title: VP ( ) Delete
Name: GAGNON, DAVID
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

Title: T ( ) Delete
Name: WELLS, BEN K
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

Title: AT ( ) Delete
Name: LELAND, RICHARD
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

Title: SD ( ) Delete
Name: SORACI, JOSEPH
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: COPELAND, NIKKA
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

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: CLYDE RUCKER P 04/23/2007

Electronic Signature of Signing Officer or Director — Date