2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004690

Entity Name: A WILL & WAY, INC.

FILED Jul 02, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
5330 MOBII STE 3B PENSACOI	LE HWY LA, FL 32526		
Current Mailing Address:		New Mailing Address:	
P.O. BOX 37044 PENSACOLA, FL 32526			
	65-1188192 FEI Number Applied For () FEI Nur e with s. 607.193(2)(b), F.S., the corporation did not receive t Address of Current Registered Agent:	·=	
STANBERF 3104 LAS B	RY, WILLIEMAE	Name and	Address of New Registered Agent.
The above in the State	named entity submits this statement for the purpose of Florida.	of changing it	s registered office or registered agent, or both,
SIGNATUR	E:		
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete STANBERRY, WILLIEMAE P.O. BOX 37044 PENSACOLA, FL 32526	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VD () Delete LOTT, TERESA 886 VALLEY RIDGE DR. PENSACOLA, FL 32514	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition BONNER, KAREN D 8281 GROVELAND AVE PENSACOLA, FL 32534
Title: Name: Address: City-St-Zip:	VDSD () Delete SHUMAKE, ALFREDA 7225 W. FAIFIELD DR. B-3 PENSACOLA, FL 32506	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition SHUMAKE, ALFREDA 7225 W. FAIFIELD DR. B-3 PENSACOLA, FL 32506
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	TD () Change (X) Addition JONES, CAROLYN 324 W STRONG ST PENSACOLA, FL 32501
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition LOTT, TERESA 11558 DUELING OAKS CT PENSACOLA, FL 32514
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition BROWN, MARY ALICE 3711 MC CLELLAN RD PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify 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: WILLIEMAE STANBERRY PD 07/02/2007