

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 427407

1. Entity Name
STEWARTS HIS WAY, INC.

Principal Place of Business
653 E. ALTAMONTE AVE.,
ALTAMONTE SPRINGS FL 32701

Mailing Address
470 LONGWOOD HILLS RD.
LONGWOOD FL 32750
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
Country

4. FEI Number
59-1475335

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
MONI B STEWART
470 LONGWOOD HILLS RD
LONGWOOD FL 32750

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May
Added to Fees

10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
VPST STEWART, MONI B 470 LONGWOOD HILLS RD LONGWOOD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP
P STEWART, JAMES M 470 LONGWOOD HILLS RD LONGWOOD FL
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
000000407254
02/08/06-80009-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James M. Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1-24-06
Daytime Phone #