


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 544418 1. Entity Name EBWAY CORPORATION	
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Principal Place of Business 6750 NW 21ST AVENUE FT. LAUDERDALE, FL 33309	Mailing Address 6750 NW 21ST AVENUE FT. LAUDERDALE, FL 33309
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**DO NOT WRITE IN THIS SPACE**



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1810092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
E. BENNETT—% EBWAY CORPORATION  
6750 NW 21 AVE  
FORT LAUDERDALE, FL 33309

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	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	S BENNETT, CATHERINE E 1401 S OCEAN BLVD POMPANO BEACH, FL 33064,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BENNETT, ADELHEID F 1401 S OCEAN BLVD POMPANO BEACH, FL 33064,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT BENNETT, EDWARD D 1401 S OCEAN BLVD POMPANO BEACH, FL 33064,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/09/05-80018-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: C. Bennett Catherine Bennett 3/7/05 (954) 971-4911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #