

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90251 012 \*\*\*150.00

<b>DOCUMENT # 567915</b> 1. Entity Name <b>KAWAY INC.</b>			
Principal Place of Business <b>18660 LOCHPOINT COURT JUPITER, FL 33458</b>		Mailing Address <b>18660 LOCHPOINT COURT JUPITER, FL 33458</b>	
2. Principal Place of Business - No P.O. Box # <b>7667 SE LAQUE CIRCLE</b>		3. Mailing Address <b>7667 SE LAQUE CIRCLE</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>STUART FLORIDA</b>		City & State <b>STUART FLORIDA</b>	
Zip <b>34997</b>		Zip <b>34997</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-1832102</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MAIDA, KENNETH A 18660 LOCHPOINT COURT JUPITER, FL 33458</b>		7. Name and Address of New Registered Agent Name <b>KENNETH A. MAIDA</b> Street Address (P.O. Box Number is Not Acceptable) <b>7667 SE LAQUE CIRCLE</b> City <b>STUART</b> <b>FL</b> Zip Code <b>34997</b>	
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: <b>4/30/2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAIDA, CHARLES W 1520 RIVER BLUFF ROAD NORTH JACKSONVILLE, FL 32211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAIDA, RODNEY K 11736 SEAVIEW DR. JACKSONVILLE, FL 32225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MAIDA, KENNETH A 18660 LOCHPOINT CT JUPITER, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D KENNETH A. MAIDA 7667 SE LAQUE CIRCLE STUART FL 34997</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRIN, PENELOPE M 11046 SW 137 PL. MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		<b>4/30/2008</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	