


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91009 040 ***150.00

DOCUMENT # F02000002992	
1. Entity Name BIOWAY AMERICA, INC.	

Principal Place of Business 9003H LINCOLN DRIVE WEST MARLTON, NJ 08053	Mailing Address 9003H LINCOLN DRIVE WEST MARLTON, NJ 08053
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2. Principal Place of Business 3002 E Lincoln Dr. W. Suite, Apt. #, etc.	3. Mailing Address 3002 E Lincoln Dr. W. Suite, Apt. #, etc.
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City & State MARLTON NJ	City & State MARLTON NJ
Zip 08053	Country USA
Zip 08053	Country USA



04202004 Chg-P CR2E034 (10/03)

4. FEI Number 22-3578179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEST, CHRISTOPHER A 2186 EDYTHE DRIVE APT. #1 DUNEDIN, FL 34698	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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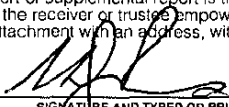
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOERS, BEN		NAME	
STREET ADDRESS RUBENSTRATT 187/6717 VE EDE		STREET ADDRESS	
CITY-ST-ZIP THE NETHERLANDS,		CITY-ST-ZIP	
TITLE VVC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VAN DIJK, JOHAN		NAME	
STREET ADDRESS RUBENSTRATT 187/6717 VE EDE		STREET ADDRESS	
CITY-ST-ZIP THE NETHERLANDS,		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEROUX, LOUIS		NAME	
STREET ADDRESS 9003H LINCOLN DRIVE WEST		STREET ADDRESS 3002 E LINCOLN DRIVE WEST	
CITY-ST-ZIP MARLTON, NJ 08053		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date 4-20-04 **Daytime Phone #** (856) 988-9414