

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90416 001 *3,333.75

DOCUMENT # F97000003941

1. Entity Name
CORAL WAY RESOURCES, INC.



Principal Place of Business C/O MEDICAL RESOURCES, INC. 1455 BROAD ST., 4TH FLOOR, LEGAL DEPT. BLOOMFIELD, NJ 07003 US	Mailing Address C/O MEDICAL RESOURCES, INC. 1455 BROAD ST., 4TH FLOOR, LEGAL DEPT. BLOOMFIELD, NJ 07003 US
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66012425



04202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 22-3526230		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALLA, JOHN			NAME			
STREET ADDRESS	1455 BROAD ST., 4TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	BLOOMFIELD, NJ 07003			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCABE, DAVID M			NAME			
STREET ADDRESS	1455 BROAD ST., 4TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	BLOOMFIELD, NJ 07003			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRICKLAND, D. GORDON			NAME			
STREET ADDRESS	1455 BROAD ST., 4TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	BLOOMFIELD, NJ 07003			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASKADON, MARY			NAME			
STREET ADDRESS	1455 BROAD ST., 4TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	BLOOMFIELD, NJ 07003			CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ADAMS, LYNN A			NAME	Jerrold Shenkman		
STREET ADDRESS	1455 BROAD ST., 4TH FLOOR			STREET ADDRESS	1455 Broad Street, 4th Floor		
CITY-ST-ZIP	BLOOMFIELD, NJ 07003			CITY-ST-ZIP	Bloomfield, NJ 07003		
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 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:

[Signature]

John Valla

4/24/06

973-707-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #