


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # G82753 1. Entity Name TREADWAY ENTERPRISES, INC.	
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Principal Place of Business P.O. BOX 490802 LEESBURG, FL 34749 US	Mailing Address P.O. BOX 490802 LEESBURG, FL 34749 US
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01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2393444	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

TREADWAY, THOMAS A
 719 SOUTH MOSS ST.
 LEESBURG, FL 34748

DO NOT WRITE 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.

U00000579670
 01/10/07-80016-021 150.00

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

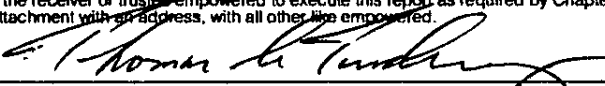
FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TREADWAY, DIXIE S. 607 LAKE SHORE DR. LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TREADWAY, JOHN 1000 BOYLSTON ST. LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIRBY, LISSA T. RT. 1, BOX 114-A WHITE BLUFF, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO TREADWAY, THOMAS A. 719 S. MOSS ST. LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  1-6-07 (352)-326-4465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #