


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # G82753
 1. Entity Name
TREADWAY ENTERPRISES, INC.



Principal Place of Business Mailing Address
P.O. BOX 490802 **P.O. BOX 490802**
LEESBURG, FL 34749 US **LEESBURG, FL 34749 US**

DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

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.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000925206 05/20/08-80015-021 150.00
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10. OFFICERS AND DIRECTORS

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

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:  **4-24-08** **(352) 217-4971**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #