

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90098 001 \*\*\*150.00

<b>DOCUMENT # L99285</b>					
Entity Name <b>EXPRESSWAY VENDING CORPORATION</b>					
Principal Place of Business <b>1919 A1A #301 INDIAN HARBOR BEACH, FL 32937</b>			Mailing Address <b>P.O. BOX 372149 SATELLITE BEACH, FL 32937</b>		
2. Principal Place of Business - No P.O. Box # <b>1437 Pineapple Ave</b>		3. Mailing Address <b>Same</b>			
Suite, Apt. #, etc. <b>#701</b>		Suite, Apt. #, etc.		01102008    Chg-P    CR2E034 (12/06)	
City & State <b>Melbourne</b>		City & State <b>FL</b>		4. FEI Number <b>11-2226464</b>	
Zip <b>32935</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BULL, JOHN VP 1919 A1A #301 INDIAN HARBOR BEACH, FL 32937</b>			7. Name and Address of New Registered Agent Name <b>Bull John</b> Street Address (P.O. Box Number is Not Acceptable) <b>1437 Pineapple Ave #701</b> City <b>Melbourne</b> <b>FL</b> Zip Code <b>32935</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			DATE <b>1-8-08</b>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BULL, JOHN 1919 A1A INDIAN HARBOR BEACH, FL 32937</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BULL JOHN 1437 Pineapple Ave #701 Melbourne FL 32935</b>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BULL NEVORA 1437 Pineapple Ave #701 Melbourne FL 32935</b>		
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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:			DATE <b>1-10-08</b>		
Signature and typed or printed name of signing officer or director			Date    Daytime Phone #		