


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2008 08:00 AM
Secretary of State

DOCUMENT # M77315	
1. Entity Name THE FAMILY WAY, INC.	

Principal Place of Business 3620 W SAHARA AVE LAS VEGAS, NV 89102	Mailing Address 3620 BAHAMA BAY COURT LAS VEGAS, NV 89147
---	---

2. Principal Place of Business - No P.O. Box # 3385 So Durango Rd		3. Mailing Address	
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc.	
City & State LAS VEGAS NV		City & State	
Zip 89117	Country	Zip	Country



07082008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2891498	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 MURRAY, MARYANN 306 TRUBGEDN DRIVE NEW SMYRNA BEACH, FL 32160		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BOTTI, JOHN J JR 3620 BAHAMA BAY COURT LAS VEGAS, NV 89147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000956357 <input type="checkbox"/> Change <input type="checkbox"/> Addition 07/25/08-80004-014 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BOTTI, DONNA T 3620 BAHAMA BAY COURT LAS VEGAS, NV 89147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Donna T Botti Donna T Botti 7/21/08 702 581-7994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #