2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N02000001382

Entity Name: THE VICTORIOUS WAY INC.

Current Principal Place of Business:

9740 SW 159 STREET
MIAMI, FL 33157

New Principal Place of Business:

749-751 W.PALM AVE
FLORIDA CITY, FL 33034

Current Mailing Address:

P.O. BOX 971106
MIAMI, FL 33197

New Mailing Address:

FEI Number: 02-0580938 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REID, WILLIE
10101 W. GUAVA STREET
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: REID, WILLIE
Address: 10101 W. GUAVA ST.
City-St-Zip: MIAMI, FL 33157

Title: DS ( ) Delete
Name: LOCKHART, JACKIE
Address: 11001 SW 154 ST.
City-St-Zip: MIAMI, FL 33157

Title: DT ( ) Delete
Name: PERRY, CATHERINE
Address: 10471 SW 174 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: KEMP, LISA
Address: 749-751 W. PALM DR.
City-St-Zip: FLA. CITY, FL 33034

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE REID DP 05/01/2006
Electronic Signature of Signing Officer or Director — Date