

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002348

FILED
Jan 15, 2008
Secretary of State

Entity Name: INFINITE WAY, INC.

Current Principal Place of Business:

1957 NW 193RD AVE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

1957 NW 193RD AVE
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 47-0874513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROUARD, MARIE B
1957 NW 193RD AVE
PEMBROKE PINES, FL 33029 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: DO () Delete
Name: BROUARD, MARIE B
Address: 1957 NW 193RD AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: ELIAS, SYBIL
Address: 83 COSSIO DRIVE
City-St-Zip: NEWARK, NJ 07103

Title: D () Delete
Name: ISSA, MICHELE
Address: 2656 NW 41ST STREET
City-St-Zip: BOCA RATON, FL 33434

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:

I hereby certify that the information supplied with this filing does not qualify 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: MARIE B. BROUARD

DO

01/15/2008

Electronic Signature of Signing Officer or Director

Date