2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008310

JACKSON, SHALLYN

596 WILLIAM PENN

ORANGE PARK, FL 32073

Name:

Address:

City-St-Zip:

FILED Jul 13, 2006 Secretary of State

Entity Na	me: THE 51ST WAY, INC.			
Current Principal Place of Business:		New Principal Pla	New Principal Place of Business:	
	TERIA STREET IVILLE, FL 32209			
Current Mailing Address:		New Mailing Addr	New Mailing Address:	
	TERIA STREET IVILLE, FL 32209			
	: 43-1970456 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation d	FEI Number Not Applicable () id not receive the prior notice.	Certificate of Status Desired ()	
Name and	I Address of Current Registered Agent	: Name and Addres	s of New Registered Agent:	
	DHN R JR. TERIA STREET IVILLE, FL 32209 US			
	named entity submits this statement for t e of Florida.	he purpose of changing its registe	ered office or registered agent, or both,	
SIGNATU	RE:			
Electronic Signature of Registered Agent		Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MR. () Delete ALLEN, JOHN R JR 2510 WISTERIA STREET JACKSONVILLE, FL 32209	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MS. () Delete JENNINGS, SHEENA Y 12492 EAGLES CLAW LANE JACKSONVILLE, FL 32225	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	REV () Delete MARSHALL, JERMAINE 3048 4TH STREET CIRCLE JACKSONVILLE, FL 32254	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MS () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN R ALLEN JR 07/13/2006 DIR