2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# N04000012000

Entity Name: KING'S WAY MASTER ASSOCIATION, INC.

Current Principal Place of Business:

3990 SHERIDAN STREET SUITE 109
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3990 SHERIDAN STREET SUITE 109
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 43-2081432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRALEY & OTTO, P.A.
2699 STIRLING ROAD
SUITE C-207
FT. LAUDERDALE, FL 33312 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:	MAILE, JOANNE	
Address:	3990 SHERIDAN STREET SUITE 109	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	D	( ) Delete
Name:	KRUPNICK, LUCILLE	
Address:	3990 SHERIDAN STREET SUITE 109	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	DS	( ) Delete
Name:	LARACUENTE, MIRIAM	
Address:	3990 SHERIDAN STREET SUITE 109	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	D	( ) Delete
Name:	MESSERA, VINCENT	
Address:	3990 SHERIDAN STREET SUITE 109	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	D	( ) Delete
Name:	LEESON, PAMELA A	
Address:	3990 SHERIDAN STREET SUITE 109	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	DVT	( ) Delete
Name:	WILLIAMS, MARK	
Address:	3990 SHERIDAN STREET SUITE 109	
City-St-Zip:	HOLLYWOOD, FL 33021	

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:	( ) 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 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: JOANNE MAILE P/D 01/16/2007

Electronic Signature of Signing Officer or Director — Date