2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# N05000000409

Entity Name: HIS WAY, INC.

Current Principal Place of Business:

3387 AH-WE-WA COURT
COCONUT GROVE, FL 33133

New Principal Place of Business:

144 TURTLE COVE COURT
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

3387 AH-WE-WA COURT
COCONUT GROVE, FL 33133

New Mailing Address:

144 TURTLE COVE COURT
PONTE VEDRA BEACH, FL 32082

FEI Number: 38-3714018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEALY, KELLY
3387 AH-WE-WA COURT
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

HEALY, KELLY
144 TURTLE COVE COURT
PONTE VEDRA BEACH, FL 32082 US

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: _____ 04/17/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HEALY, KELLY
Address: 3387 AH-WE-WA COURT
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete
Name: VANOVEN, MICHELE
Address: 3387 AH-WE-WA COURT
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete
Name: FAULKNER, MAGGIE
Address: 3387 AH-WE-WA COURT
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete
Name: TIDWELL, ROBIN
Address: 3387 AH-WE-WA COURT
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: HEALY, KELLY
Address: 144 TURTLE COVE COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Change ( ) Addition
Name: VANOVEN, MICHELE
Address: 144 TURTLE COVE COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Change ( ) Addition
Name: FAULKNER, MAGGIE
Address: 144 TURTLE COVE COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Change ( ) Addition
Name: TIDWELL, ROBIN
Address: 144 TURTLE COVE COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: KELLY S. HEALY DP 04/17/2006
Electronic Signature of Signing Officer or Director — Date