


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90036 010 ***150.00

DOCUMENT # P00000009285	
1. Entity Name ON THE WAY COMPUTERS, INC.	

Principal Place of Business 2497 HERON TERR #C102 CLEARWATER, FL 33762	Mailing Address 2497 HERON TERR #C102 CLEARWATER, FL 33762
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50004013



2. Principal Place of Business 1612 HUNTINGTON PL	3. Mailing Address 1612 HUNTINGTON PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01102005 Chg-P CR2E034 (10/03)

City & State SAFETY HARBOR FL	City & State SAFETY HARBOR FL
Zip 34695	Zip 34695
Country	Country

4. FEI Number 59-3621792	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BROOK, JON-MICHAEL C 2497 HERON TERR #C102 CLEARWATER, FL 33762

7. Name and Address of New Registered Agent
Name BROOK, JON-MICHAEL C
Street Address (P.O. Box Number is Not Acceptable) 1612 HUNTINGTON PL
City SAFETY HARBOR
FL Zip Code 34695

8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE <i>[Signature]</i>	JON-MICHAEL C. BROOK	DATE 11/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOK, JON-MICHAEL C 2497 HERON TERRACE #C102 CLEARWATER, FL 33762
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROOK, JON-MICHAEL C. 1612 HUNTINGTON PL SAFETY HARBOR, FL 34695
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>[Signature]</i>	JON-MICHAEL C. BROOK	DATE 11/12/05	DAYTIME PHONE # 727 644 7189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			