

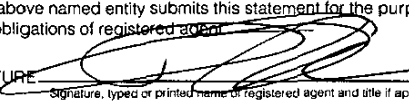
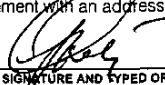


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90156 016 ***150.00

DOCUMENT # P01000053663 1. Entity Name NUWAY, INC.					
Principal Place of Business 16300 NE 19TH AVE. STE 252 NORTH MIAMI BEACH, FL 33162			Mailing Address 16300 NE 19TH AVE. STE 252 NORTH MIAMI BEACH, FL 33162		
2. Principal Place of Business 400 SE 12th Street Suite, Apt. #, etc. Bldg C City & State Ft Lauderdale FL Zip 33316 Country USA		3. Mailing Address 400 SE 12th Street Suite, Apt. #, etc. Bldg C City & State Ft Lauderdale FL Zip 33316 Country USA			
04272006 Chg-P CR2E034 (11/05)				4. FEI Number 65-1111835	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHAPOVALOV & BORETH, P.A. 16300 NE 19TH AVE SUITE 250 NORTH MIAMI BEACH, FL 33162			7. Name and Address of New Registered Agent Name Shapovalov & Boreth P.A Street Address (P.O. Box Number is Not Acceptable) 400 SE 12th Street Bldg C City Ft. Lauderdale FL Zip Code 33316		
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  (NOTE: Registered Agent signature required when reinstating) DATE 4/27/06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OROZALICVA, GULMIRA 16300 NE 19TH AVE SUITE 252 NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			OROZALIEVA GULMIRA		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/26/06 Daytime Phone # 954 522 4115		