2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2008 8:00 am Secretary of State

DOCUMENT # P02000014519 1. Entity Name WRIGHTWAY HOMES CORPORATION							01-	17-2008 !	90019 018 *	**1:	50.00
Principal Place of Business Mailing Address						-		,			
Principal Place of Business - No P.O. Box # 3. Mailing Address											
	_	ANDS BLUD.		0 Bax 3612				III EBIH BBAH BI)
Suite, Apt. #, etc. ** 37			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-	.P	CR2E034 (12/	06)	
City & State			City & State				er			+	olied For
Zip LAXELAND,		F L Country	Zip	F L Country		80-003		t	<u> </u>		Applicable
33803 USA		33802			5. Certificate			Fee Re			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name											
SMITH EDWARD B						LO. Box Numb	er is Not A	cceptable)			
1400 GRA							s BLV	<u>۵.,</u> 43°	7 Zip	Code	1
8. The above named entity submits this statement for the purpose of changing its registered office or register							th in the S	tate of Florin	LF 3.	38(23
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. [NOTE: Registered Agent signature required when reinstating] DATE										<u>.</u>	
											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Adde											
10.	l ==	OFFICERS AND		11.	T	ADDITIONS,	CHANGE:	S TO OFFICE	ERS AND DIREC		
TITLE NAME	PT SMITH, EDWARD B), Delete	TITLE NAME	İ				⊠ Cha	inge	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1400 GRA	ASSLANDS BLVD #48 ID, FL 33803		STREET ADDRESS CITY-ST-ZIP	1400	GRASSL	E CON	BLVO.	, # 37		:
IIILE	VS	OVCE N	☐ Delete	inst					🔀 Cha	inge	☐ Addition
NAME STREET ADDRESS	SMITH, J	ASSLANDS BLVD #46		NAME STREET ADDRESS	1400	GRASSL	ZOUA	BLVD.	. \$37		
CITY-ST-ZIP		ID, FL 33803		CITY-ST-ZIP					,		
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STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP	Cortifu that th	on information augustical with	this filing does not qualify f	("IY-SI-ZIP	contained	in Chapter 11	9 Florida 9	Statules 1 to	rther cortifu that	the in	formation
indicated of the co	l on this repo rporation or t	irt or supplemental report i he receiver or trustee emp	Is true and accurate and that owered to execute this repor with all other like empowered	my signature shall I t as required by Ch	have the s	ame legal ette	ct as it mad	de under oai	th; that I am an o	nicer	or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08 Oate

863 - 688 - 2435 Daytime Phone #