


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90412 038 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000052197			
1. Entity Name BIOWAY, INC.			
Principal Place of Business 1011 JOEL STREET ORLANDO, FL 32814		Mailing Address PO BOX 343 NEW SMYRNA BEACH, FL 32170	
2. Principal Place of Business 3990 WATERFORD DR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State ROCKLEDGE FL		City & State	
Zip 32955	Country	Zip	Country
4. FEI Number 01-0693885		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORTH, JENNIFER 1011 JUEL STREET ORLANDO, FL 32814		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3990 WATERFORD DR City ROCKLEDGE FL Zip Code 32955	
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 <u>JENNIFER NORTH</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 NORTH, JENNIFER 1011 JUEL STREET ORLANDO, FL 32814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3990 WATERFORD DRIVE ROCKLEDGE FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTBERRY, DEBORAH 2327 S GLENCO ROAD NEW SMYRNA BEACH, FL 32168 <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	D ZAYAS, MARK C 264 SHEPPARD ST ALTAMONTE SPRINGS, FL 32701 <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	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	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 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: <u>Deborah Westberry</u>		Date _____ Daytime Phone # _____	

4/12/06:JFW:CB