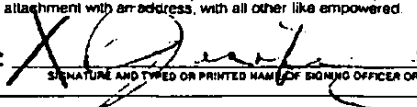


FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90027 027 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000052197			
1. Entity Name BIOWAY, INC.			
Principal Place of Business 3990 WATERFORD DR ROCKLEDGE, FL 32955		Mailing Address PO BOX 343 NEW SMYRNA BEACH, FL 32170	
2. Principal Place of Business - No P.O. Box # 6748 FERRI CIRCLE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PORT ORANGE FL		City & State	
Zip 32128	Country USA	Zip	Country
4. FEI Number 01-0693885		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORTH, JENNIFER 3990 WATERFORD DR ROCKLEDGE, FL 32955		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6748 FERRI CIRCLE City PORT ORANGE FL Zip Code 32128	
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 _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 3990 WATERFORD DR ROCKLEDGE, FL 32955 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6748 FERRI CIRCLE PORT ORANGE FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTBERRY, DEBORAH 2327 S GLENCO ROAD NEW SMYRNA BEACH, FL 32168 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAYAS, MARK C 264 SHEPPARD ST ALTAMONTE SPRINGS, FL 32701 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		3/12/07 386 383 5270	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

2/12/07:JFW:CB