
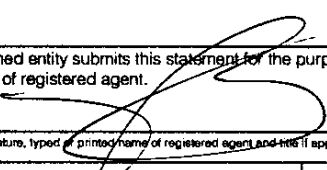
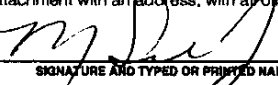


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90244 007 ***150.00

DOCUMENT # P03000055706 1. Entity Name 3 WAY STREET, INC.			
Principal Place of Business 4650 OVERSEAS HWY MARATHON, FL 33050		Mailing Address 4650 OVERSEAS HWY MARATHON, FL 33050	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 501503 Suite, Apt. #, etc.	
City & State MARATHON, FL		City & State MARATHON, FL	
Zip 33050	Country MONROE	4. FEI Number 74-3092533	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent WOLFE, JOHN J 2955 OVERSEAS HWY MARATHON, FL 33050		7. Name and Address of New Registered Agent Name RICHARD MALAFY Street Address (P.O. Box Number is Not Acceptable) 10959 OVERSEAS HWY City MARATHON FL Zip Code 33050	
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:			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D SAVINELLI, MICHAEL A JR 4650 OVERSEAS HWY MARATHON, FL 33050	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY - ST - ZIP DIRECTOR MARI ST. PIERRE 626 107 OCEAN MARATHON FL 33050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D THOMAS, DIRK 4650 OVERSEAS HWY MARATHON, FL 33050	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP DIRECTOR KAI THOMAS 901 W 75TH OCEAN MARATHON FL 33050	<input type="checkbox"/> Change <input checked="" 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
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 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:  MICHAEL A SAVINELLI JR		Date 4/25/05	Daytime Phone # 305-743-2220