2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 27, 2008 08:00 AN Secretary of State **DOCUMENT # P03000091678** 1. Entity Name THE REGGIE WAY, INC. Principal Place of Business Mailing Address 1801 SW 51ST TERR 1801 SW 51ST TERR PLANTATION, FL 33317 PLANTATION, FL 33317 02242008 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 90-0107074 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PIERRE-JEROME, REGINALD DO NOT WRITE 1801 SW 51ST TERR PLANTATION, FL 33317 IN THIS SPACE 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 agen-(NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PIERRE-JEROME, REGINALD NAME STREET ADDRESS 1801 SW 51ST TERR CITY-ST-ZIP PLANTATION, FL 33317 TITLE U00000841708 PIERRE-JEROME, JOAN NAME 03/10/08-80027-017 150.0A STREET ADDRESS 1801 SW 51ST TERRACE CITY-ST-ZIP FORT LAUDERDALE, FL 33317 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME O STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 it 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:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/8

954 585 1005

Daytime Phone #

FILED