2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 10, 2006 08:00 AM Secretary of State DOCUMENT # P03000122077 **FAYWAY TRUCKING INC** Principal Place of Business Mailing Address 4466 CHANTILLY WAY 4466 CHANTILLY WAY MILTON, FL 32583 MILTON, FL 32583 CR2E034 (11/05) 07052006 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0343594 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HAMILTON, JOHN DO NOT WRITE 4466 CHANTILLY WAY MILTON, FL 32583 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 agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Due by September 6, 2006 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME HAMILTON, JOHN 4466 CHANTILLY WAY STREET ADDRESS CITY-ST-ZIP MILTON, FL 32583 U00000568716 .07/10/06-80004-017 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 extended with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

OFFICER OR DIRECTOR

FILED