

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-29-2005 90144 035 ***158.75

DOCUMENT # P03000128348

1. Entity Name
NEWAY SYSTEMS & PRODUCTS, INC.



Principal Place of Business Mailing Address
~~2046 TREASURE COAST PLZ #187 RM~~ ~~2046 TREASURE COAST PLZ #187 RM~~
~~VERO BCH, FL 32960~~ ~~VERO BCH, FL 32960~~

50063765



08252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business 3. Mailing Address
5976-20th ST, Suite 146 P.O. Box 650878
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 146

City & State City & State
Vero Beach Vero Beach

Zip Country Zip Country
32966 USA 650878 USA

4. FEI Number Applied For
90-0141045 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MANNING, ROY O PH. D.
~~2046 TREASURE COAST PLAZA #187~~
~~VERO BEACH, FL 32960~~

7. Name and Address of New Registered Agent

Name Roy O. Manning Ph.D.
Street Address (P.O. Box Number is Not Acceptable)
1392 HARVARD CIRCLE
Nº 1
City Melbourne FL Zip Code 32905

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 Roy O. Manning, Ph.D. (Roy O. MANNING, Ph.D.) 1 MAY 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MANNING, ROY O PH D**
CITY-ST-ZIP ~~4700 BABCOCK ST #19-174~~
~~PALM BAY, FL 32905~~

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MANNING, ROY O III**
CITY-ST-ZIP **4700 BABCOCK ST #19-174**
PALM BAY, FL 32905

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **MANNING, CHARLES M**
CITY-ST-ZIP **4700 BABCOCK ST #19-174**
PALM BAY, FL 32905

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MANNING, ELIZABETH MILL S**
CITY-ST-ZIP ~~4700 BABCOCK ST #19-174~~
~~PALM BAY, FL 32905~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME Roy O. Manning Ph.D.
STREET ADDRESS 1392 HARVARD CIRCLE, Nº 1
CITY-ST-ZIP Melbourne FL 32905

TITLE ☒ Change ☐ Addition
NAME MANNING, ROY O III
STREET ADDRESS 1392 Harvard Circle, Nº 1
CITY-ST-ZIP Melbourne FL 32905

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME MANNING, Elizabeth Mills
STREET ADDRESS 1392 Harvard Circle, Nº 1
CITY-ST-ZIP Melbourne FL 32905

TITLE ☐ Change ☒ Addition
NAME MANNING, Edward Lee
STREET ADDRESS 197 Jersey Way
CITY-ST-ZIP Morrisville VT 05661

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Roy O. Manning ROY O. MANNING, Ph.D. 1 MAY 2005 772/713-9254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #