

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000083418		
1. Entity Name FOOTWAY, INC.		

FILED
05 DEC -2 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6159 LAKE WORTH ROAD LAKE WORTH, FL 33463	Mailing Address 6159 LAKE WORTH ROAD LAKE WORTH, FL 33463
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2. Principal Place of Business 6131C LAKE WORTH RD	3. Mailing Address 6131C LAKE WORTH RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKE WORTH	City & State LAKE WORTH
Zip 33463	Zip 33463
Country PALM BEACH	Country PALM BEACH

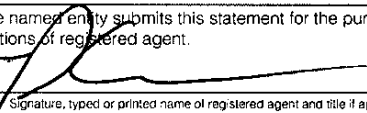


11102005 Chg-P CR2E034 (10/03)

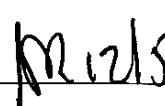
4. FEI Number 20-1285220	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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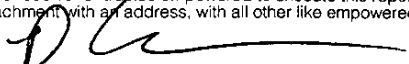
6. Name and Address of Current Registered Agent ARENA, PETER-JR. 6159 LAKE WORTH ROAD LAKE WORTH, FL 33463	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity 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 11-21-05
(NOTE: Registered Agent signature required when reinstating)	

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ARENA, PETER JR. 6159 LAKE WORTH ROAD LAKE WORTH, FL 33463 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6131 LAKE WORTH RD. ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T ARENA, PETER JR. 6159 LAKE WORTH ROAD LAKE WORTH, FL 33463 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6131 LAKE WORTH RD ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARENA, PETER JR. 6159 LAKE WORTH ROAD LAKE WORTH, FL 33463 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6131 LAKE WORTH RD ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400061866504 12/02/05--01038--010 **\$66.25 ☐ 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 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: 	11-21-05 (561) 964-8680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #