
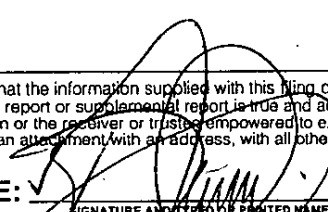


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90087 024 ***150.00

DOCUMENT # P04000121575 1. Entity Name YAHWAY INC.					
Principal Place of Business RUA COM. GRACIA DAVILA 310 CASA 4, MORUMBI SAO PAULO 05654-040 BRAZIL,			Mailing Address RUA COM. GRACIA DAVILA 310 CASA 4, MORUMBI SAO PAULO 05654-040 BRAZIL,		
2. Principal Place of Business 4710 NW 2nd Avenue		3. Mailing Address 4710 NW 2nd Avenue			
Suite, Apt. #, etc. #101		Suite, Apt. #, etc. #101			
City & State Boca Raton		City & State Boca Raton		4. FEI Number 98-0449968	
Zip 33431		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRUNTON REGISTERED AGENTS, INC. 4710 NW BOCA RATON BOULEVARD, SUITE 101 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2006 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 ROWAN, DESMOND RUA COM GRACIA DAVILLA 310 CASA 4 MORUMBI, SAO PAULO, BRAZIL, 05634460 <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	
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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 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 attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 1/26/06 Daytime Phone # 561 7446138		

DESMOND ROWAN