2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2006 8:00 am
Secretary of State
06-09-2006 90002 003 ***150.00

66020331

DOCUMENT # P05000026319

1. Entity Name
GREENWAY PRODUCTS, INC.

Principal Place of Business	Mailing Address
2260 NOLD MARY ROAD SANFORD, FL 32771	2260 NOLD MARY ROAD SANFORD, FL 32771

06052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2260 Old Lake Mary Rd Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sanford FL	City & State
Zip: 32771 Country	Zip Country

4. FEI Number 20-2388079 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MURPHY, PATRICK G 2260 NOLD MARY ROAD SANFORD, FL 32771	Name: Murphy, Patrick G Street Address (P.O. Box Number is Not Acceptable): 2260 Old Lake Mary Rd City: Sanford FL Zip Code: 32771

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: Patrick G Murphy Patrick G Murphy 6/6/06
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE P	~~Ed~~ Patrick G Murphy	☐ Delete	TITLE P	Murphy, Patrick G 2260 Old Lake Mary Rd Sanford, FL 32771	☐ Change ☒ Addition
TITLE V	Ed	☐ Delete	TITLE V	BV Bonieski, Edward 2260 Old Lake Mary Rd Sanford, FL	☐ Change ☒ Addition
TITLE ST	Ed	☐ Delete	TITLE ST	S, T Bonieski, Edward	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 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: Edward Bonieski 6-5-06 4073235694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #