## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2005 08:00 AM Secretary of State

DOCUMENT # P95000030232  1. Entity Name RIGHT WAY INTERNATIONAL, INC.				Secretary of State
Principal Place of Bu 13404 SW 104TH I DUNNELLON, FL 3	ANE 1	railing Address P.O. BOX 718 LARGO, FL 33779 ÜS		
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				03012005 No Chg-P CR2E034 (10/03)  4. FEI Number
LOTT, LAWRENCE M 13404 SW 104TH LANE DUNNELLON, FL 34432				DO NOT WRITE 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  Signature, typed or printed name of registered agent and title of applicable.  (NOTE Registered Agent signature required when reinstating)  DATE  9. Election Campaign Financing  \$5.00 May Be				
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.   Adde				04/19/05-80003-013 150.00
STREET ADDRESS P.O.	OFFICERS AND DIRE LAWRENCE M BOX 47512 T PETERSBURG, FL 33743	CIORS		. <u></u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP			m announced and an announced	DO NOT WRITE
TITLE NAME STREET AODRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	······································
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: M. Att Mediant 4-11-05 SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR Date Daytime Prome #				