

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000004386

Entity Name: CONWAY HOUSE, INC.

FILED
Apr 07, 2008
Secretary of State

Current Principal Place of Business:

1100 5TH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1100 5TH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-0732116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, ANNA
300 5TH AVE SOUTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: CREWS, ROBERT
Address: 1100 5TH AVENUE SOUTH STE 201
City-St-Zip: NAPLES, FL 34102

Title: DV () Delete
Name: PARKINSON, STUART
Address: 1100 5TH S #201
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: PARKINSON, STUART
Address: 1100 5TH AVENUE SOUTH STE 201
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT CREWS

DPST

04/07/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date