2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000012936

1. Entity Name

WRIGHTWAY HOMEBUYERS, INC.



Principal Place of Business

8735 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952 Mailing Address

P.O. BOX 411461 SUNTREE, FL 32941

FILED Jan 27, 2006 8:00 am Secretary of State

01-27-2006 90022 035 ***156.00



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 59-3556396 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

WRIGHT, RAY W 8735 S TROPICAL TRAIL MERRITT ISLAND, FL 32952

DO NOT WRITE IN THIS SPACE

No Chg-P

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 if applicable. (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 Fina Trust Fund Contribution			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, RAY W 8735 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME - STREET ADDRESS CITY-ST-ZIP	ें हे अपूर्ण विकास				
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					