FILED
May 01, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000066786

1. Entity Name
THE WRITE WAY, INC.

Principal Place of Business	Mailing Address
1087 FOUR SEASONS CIR #220 SARASOTA, FL 34234-2969	1087 FOUR SEASONS CIR #220 SARASOTA, FL 34234-2969

04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0938648
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DELL, ALAN
1087 FOUR SEASONS CIRCLE
SARASOTA, FL 34234-2969

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

H06000054885
05/12/06-80002-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DELL, ALAN
STREET ADDRESS	1087 FOUR SEASONS CIRCLE
CITY-ST-ZIP	SARASOTA, FL 342342969
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 1 or Block 10 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alan Dell Alan Dell 4/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR