

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90089 003 ***150.00

DOCUMENT # P0600054864

1. Entity Name
AW SOLUTIONS, INC



Principal Place of Business Mailing Address
610 CROWN OAK CENTRE DRIVE **610 CROWN OAK CENTRE DRIVE**
LONGWOOD, FL 32750 **LONGWOOD, FL 32750**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
300 CROWN OAK CENTRE DRIVE **300 CROWN OAK CENTRE DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LONGWOOD, FL **LONGWOOD FL**

Zip Country Zip Country
32750 **SEMINOLE** **32750** **SEMINOLE**

4011400



05092007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-4709198 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

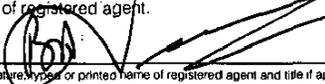
6. Name and Address of Current Registered Agent

VARMA, BOBBY A
610 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: **4/28/07**

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

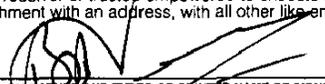
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

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	P HAYTER, KEITH 501 BLUFF OAK COURT APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VARMA, BOBBY A 2104 BLUE IRIS COURT LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARTRIDGE, JAMES 502 ALTA VISTA DR CHELSEA, AL 35043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARTRIDGE, JAMES 897 ROCK CREEK STREET APOPKA FL 32712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POULIN, EMMANUEL 1325 W. NEW HAMPSHIRE ST ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WICALL, ADAM 1076 KENSINGTON PARK DRIVE #201 ALTIMONTE SPRINGS FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUBAN, JEFFREY 504 HEARLING CAVE LOOP APOPKA, FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:  DATE: **4/28/07** Daytime Phone #: **(407) 260 0238**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #