

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054864

Entity Name: AW SOLUTIONS, INC

FILED  
Jan 06, 2011  
Secretary of State

**Current Principal Place of Business:**

300 CROWN OAK CENTER DRIVE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

300 CROWN OAK CENTER DRIVE  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 20-4709198

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HAYTER, KEITH  
Address: 501 BLUFF OAK COURT  
City-St-Zip: APOPKA, FL 32712

Title: VP  
Name: VARMA, BOBBY A  
Address: 2104 BLUE IRIS PLACE  
City-St-Zip: LONGWOOD, FL 32779

Title: VP  
Name: PARTRIDGE, JAMES  
Address: 897 ROCK CREEK STREET  
City-St-Zip: APOPKA, FL 32712

Title: VP  
Name: POULIN, EMMANUEL  
Address: 1325 W. NEW HAMPSHIRE ST  
City-St-Zip: ORLANDO, FL 32804

Title: V  
Name: DUBAY, JEFFREY  
Address: 504 YEARLING COVE LOOP  
City-St-Zip: APOPKA, FL 32703

I hereby 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 all other like empowered.

SIGNATURE: BOB VARMA

VP

01/06/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date