

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054864

Entity Name: AW SOLUTIONS, INC

FILED
Jan 05, 2012
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: BOBBY VARMA

VP

01/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date