2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000063106

Entity Name: CLW SYSTEMS, INC.

City-St-Zip:

TRENTON, NJ

FILED Feb 23, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: SCOTCH ROAD MERCER COUNTY AIRPORT TRENTON, NJ 08628 **New Mailing Address: Current Mailing Address:** SCOTCH ROAD PO BOX 7266 MERCER COUNTY AIRPORT TRENTON, NJ 08628 TRENTON, NJ 08628 FEI Number: 65-0696089 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GIBBS, KATHY 6001 HIATUS ROAD SUITE ONE TAMARAC, FL 33321 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete Title: () Change () Addition LINEBARGER, LEON Name: Name: SCOTCH ROAD MERCER COUNTY AIRPORT Address: Address: City-St-Zip: TRENTON, NJ 08628 City-St-Zip: Title: Title: () Delete () Change () Addition Name: OWINGS, BILL Name: SCOTCH ROAD MERCER COUNTY AIRPORT Address: Address: TRENTON, NJ 08628 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition GOODSON, MICHAEL J. Name: Name: SCOTCH ROAD MERCER COUNTY AIRPORT Address: Address: City-St-Zip: TRENTON, NJ City-St-Zip: Title: () Delete Title: () Change () Addition VITARELLI, MICHELE Name: Name: Address: SCOTCH ROAD MERCER COUNTY AIRPORT Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MICHELE VITARELLI SECR 02/23/2006