2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2006
Secretary of State

DOCUMENT# F04000005341

Entity Name: ASIWORKS, INC.

Current Principal Place of Business:

4600 EAST-WEST HIGHWAY, SUITE 900
BETHESDA, MD 20814

New Principal Place of Business:

7101 WISCONSIN AVENUE SUITE 1400
BETHESDA, MD 20814

Current Mailing Address:

4600 EAST-WEST HIGHWAY, SUITE 900
BETHESDA, MD 20814

New Mailing Address:

7101 WISCONSIN AVENUE SUITE 1400
BETHESDA, MD 20814

FEI Number: 52-2052647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PANDIT, SHEILA DR
4819 SOUTEL DRIVE
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

HEINRICHS, PATRICIA
4819 SOUTEL DRIVE
JACKSONVILLE, FL 32208 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: PATRICIA HENRICHS 06/14/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ABRAMOWITZ, ELIZABETH A
Address: 4600 EAST-WEST HIGHWAY, SUITE 900
City-St-Zip: BETHESDA, MD 20814

Title: VP ( ) Delete
Name: DORTCH, HELEN B
Address: 4600 EAST-WEST HIGHWAY, SUITE 900
City-St-Zip: BETHESDA, MD 20814

Title: STC ( ) Delete
Name: ABRAMOWITZ, MICHAEL E
Address: 4600 EAST-WEST HIGHWAY, SUITE 900
City-St-Zip: BETHESDA, MD 20814

Title: VC ( ) Delete
Name: MASON, STEVE
Address: 52 FINNEGAN ROAD
City-St-Zip: LOWELL, VT 05847

Title: D ( ) Delete
Name: PANDIT, SHEILA
Address: 4819 SOUTEL DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ABRAMOWITZ, ELIZABETH A
Address: 7101 WISCONSIN AVENUE SUITE 1400
City-St-Zip: BETHESDA, MD 20814

Title: VP (X) Change ( ) Addition
Name: DORTCH, HELEN B
Address: 7101 WISCONSIN AVENUE, SUITE 1400
City-St-Zip: BETHESDA, MD 20814

Title: STC (X) Change ( ) Addition
Name: ABRAMOWITZ, MICHAEL E
Address: 7101 WISCONSIN AVENUE SUITE 1400
City-St-Zip: BETHESDA, MD 20814

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DR. ELIZABETH A. ABRAMOWITZ P 06/14/2006
Electronic Signature of Signing Officer or Director Date