

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90024 040 ***150.00

DOCUMENT # P01000033312
 1. Entity Name
BYTEWISE SOLUTIONS, INC.



Principal Place of Business Mailing Address
 13378 NW 42ND AVE 13378 NW 42ND AVE
 OPA LOCKA FL 33054 OPA LOCKA FL 33054

2. Principal Place of Business 3. Mailing Address
12951 N. OKEECHOBEE RD. **12951 N. OKEECHOBEE RD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
UNIT 1 **UNIT 1**

City & State City & State
HIALEAH GARDENS **HIALEAH GARDENS**
 Zip Zip Country Country
FL-33018 **FL-33018** **USA** **USA**

00000203



1st MOORE CR2E034 (10/05)

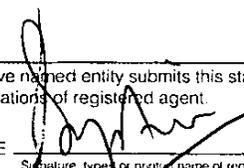
4. FEI Number Applied For
65-1088985 Not Applicable

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

6. Name and Address of Current Registered Agent
JOTWANA, SUNIL N
13378 NW 42ND AVE
OPA LOCKA FL 33054

7. Name and Address of New Registered Agent
 Name **JOTWANI, SUNIL N**
 Street Address (P.O. Box Number is Not Acceptable)
12951 N. OKEECHOBEE RD.
UNIT 1
 City **HIALEAH GARDENS** **FL** Zip Code
33018

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 **3/13/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when co-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
 Trust Fund Contribution. Added to Fees

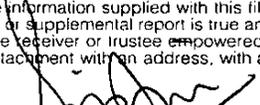
10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	JOTWANI, SUNIL N	
STREET ADDRESS	13378 NW 42ND AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOTWANI, KIRAN S	
STREET ADDRESS	13378 NW 42ND AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 **3/13/06** Daytime Phone # **(954) 558-3411**

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