

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jun 19, 2006 8:00 am
Secretary of State**

05-03-2006 90226 029 ***150.00

DOCUMENT # P05000061630		
1. Entity Name EW NETWORK SOLUTIONS, INC		

Principal Place of Business P.O.BOX 958 GOLDENROD, FL 32733	Mailing Address P.O.BOX 958 GOLDENROD, FL 32733
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01312006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent WAKIM, ELIAS B 3603 OKEECHOBEE CIR. CASSELBERRY, FL 32707	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST-ZIP	P <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Elias WAKIM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06
Date

407-810-8219
Daytime Phone #