
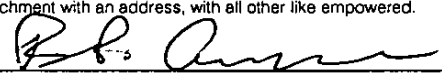


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

05-30-2006 90041 024 \*\*\*150.00

<b>DOCUMENT # S37135</b> 1. Entity Name EW KNOWLEDGE PRODUCTS, INC.					
Principal Place of Business 3 PARK AVE. 33RD FLOOR NEW YORK, NY 10016			Mailing Address C/O DICE INC LEGAL 3 PARK AVE, 33RD FLOOR NEW YORK, NY 10016		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3052351	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO MELLAND, SCOT 276 NEW NORWALK RD. NEW CANAAN, CT 06840		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO MELLAND, SCOT % DICE INC. 3 PARK AVE - 33RD FLOOR N.Y. NY. 10016	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO DURNEY, MIKE 44 DORCHESTER RD. ROCKVILLE CENTRE, NY 11570		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO DURNEY, MIKE % DICE INC. 3 PARK AVE - 33RD. FLOOR N.Y. NY 10016	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP CAMPBELL, BRIAN 9 MALLARD DR. HUNTINGTON, NY 11743		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CAMPBELL, BRIAN % DICE INC. 3 PARK AVE - 33rd Floor N.Y. N.Y. 10016	
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	
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	
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	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/22/06 212-448-4189 <small>Date Daytime Phone #</small>		