


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # S37135 1. Entity Name EW KNOWLEDGE PRODUCTS, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3052351	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324
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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 reinstating) DATE

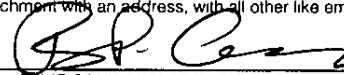
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO MELLAND, SCOT C/O DICE, INC 3 PARK AVE 33RD FLOOR NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO DURNEY, MIKE C/O DICE, INC 3 PARK AVE 33RD FLOOR NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CAMPBELL, BRIAN C/O DICE, INC 3 PARK AVE 33RD FLOOR NEW YORK, NY 10016
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01/23/08-80092-003 150.00

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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: 	1/4/08 Date	212 448-6605 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		