

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 630 Rev. 08/08

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

subject to a penalty fee of \$25.00. 1. Corporate ID No.		oration failing or refusing to file its an	mual report within thirty (30) days	after the time prescribed by l	aw (R.I.G.L. 7-1.2-1501(c&d)) is
334370		W NETWORK, INC.			· · · · · · · · · · · · · · · · · · ·
3. Street Address Principal Business Office 1800 SOUTHEAST 10TH AVENUE, SUITE 101			FT. LAUDERDALE	State FL	33316
		5. State of Incorporation FLORIDA			
6. Brief Description of the Charac CREW EMPLOYMENT (ter of Business Conduc DPPORTUNITIES	cted in Rhode Island S FOR YACHTS			
7. NAMES AND ADDRESS President Name HINDRINK VELEMA	ES OF THE OFFI	CERS: ("X" BOX FOR ATTA	Vice President Name	ACES BEFORE USING	ATTACHMENTS
Street Address			NONE Street Address		
2 QUAI ANTOINE 1ER	- ,	T	<u></u>		
MONACO	MC MC	98000	City:	State	Zip
Secretary Name PATRICIA KOSZORU			Treasurer Name NONE		
Street Address 800 NE 59TH STREET			Street Address		
OAKLAND PARK	State FL	<i>ир</i> 33334	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name RUDI PLESSERS			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name NONE		
7 RUE DU GABIAN			Street Address		
MONACO	State MC	98000	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zijo
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			35	COMMON	NO PAR
This report must be executed this report must be executed	ed on behalf of the	e corporation by an authorize corporation by the receiver	d representative. If the corp	oration is in the hands	s of a receiver or trustee.
mo report must be executed	on behalf of the	corporation by the receiver of	or trustee.		
			Under penalty of perju	iry. I declare and affirm the	hat I have examined this reportements, and that all statement
THE CREW NETWOR	K, INC		contained herein are tr	rue and correct.	tements, and that all statemen
File Date	LED	_	Signature	Kozaw	2/24/11
Check No. FEB 2 8 2011 By:			Print or Type Name		

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