

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 08, 2009  
Secretary of State**

DOCUMENT# F08000005044

Entity Name: SOLUTIO, INC.

**Current Principal Place of Business:**

1516 N CLEARY LN  
GODDARD, KS 67052

**New Principal Place of Business:**

**Current Mailing Address:**

1516 N CLEARY LN  
GODDARD, KS 67052

**New Mailing Address:**

FEI Number: 26-2834369      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GORGES, ANDREW  
Address: 1516 N CLEARY LN  
City-St-Zip: GODDARD, KS 67052

Title: PD ( ) Delete  
Name: GEAR, D. TRAVIS  
Address: 252 S LARK  
City-St-Zip: WICHITA, KS 67209

Title: PD ( ) Delete  
Name: JIRAK, ALBERT  
Address: 4020 N 167TH STREET W  
City-St-Zip: COLWICH, KS 67030

Title: ST ( ) Delete  
Name: GORGES, ANDREW  
Address: 1516 N CLEARY LN  
City-St-Zip: GODDARD, KS 67052

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW GORGES

PD

01/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date