## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F08000003225

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931 N. STATE ROAD 434, #1201-281

ALTAMONTE SPRINGS, FL 32714

RUGGIERO, STANLEY

Title:

Name:

Address: City-St-Zip: FILED Jun 23, 2009 Secretary of State

Entity Name: KPG SOLUTIONS, INC. **Current Principal Place of Business: New Principal Place of Business:** 931 N. STATE ROAD 434 SUITE 1201-281 ALTAMONTE SPRINGS, FL 32714 **New Mailing Address: Current Mailing Address:** 931 N. STATE ROAD 434 SUITE 1201-281 ALTAMONTE SPRINGS, FL 32714 FEI Number: 26-3005411 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete Title: () Change () Addition PAYMARD, ANGELA Name: Name: 931 N. STATE ROAD 434, #1201-281 Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ( ) Delete Title: CFO Title: () Change () Addition Name: FATEH, MICHELLE Name: 931 N. STATE ROAD 434, #1201-281 Address: Address: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHELLE FATEH CFO 06/23/2009

() Change () Addition