

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


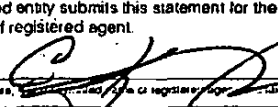
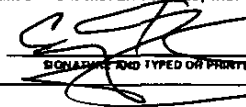
FILED
Sep 09, 2005 8:00 am
Secretary of State

08-05-2005 90001 026 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000093909					
1. Entity Name KY SOLUTIONS, INC.					
Principal Place of Business 524 SARA BAY ROAD OSPNEY FL 34229-9589			Mailing Address 524 SARA BAY ROAD OSPNEY FL 34229-9589		
2. Principal Place of Business 4289 CLARK RD			3. Mailing Address JANNA		
Suite, Apt. #, etc. 107			Suite, Apt. #, etc.		
City & State DAVASOTA FL			City & State		
Zip 34223		Country US		4. FEI Number 42-1633227	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LANGDON, ALLEN E 125 1ST AVE NOKOMIS FL 34275			7. Name and Address of New Registered Agent Name Chris Koper Street Address (P.O. Box Number is Not Acceptable) 524 SARA BAY RD City OSPNEY FL Zip Code 34229		
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  DATE 8.1.05 <small>(NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOEPE, CHRISTOPHER F 524 SARA BAY ROAD OSPNEY FL 34229-9589	<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	STD YOUNG, JAMES 524 SARA BAY ROAD OSPNEY FL 34229-9589	<input checked="" 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
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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 exemption stated in Section 119.07(3)(i), 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: 			Date 8.31.05 Daytime Phone # 941 9223211		