

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000093909 1. Entity Name KY SOLUTIONS, INC.	
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Principal Place of Business 4289 CLARK ROAD SARASOTA, FL 34233 US	Mailing Address 4289 CLARK ROAD SARASOTA, FL 34233 US
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06012007 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1633227	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KOEPEL, CHRIS
524 SARA BAY ROAD
OSPREY, FL 34229

**DO NOT WRITE
IN THIS SPACE**

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 re-electing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

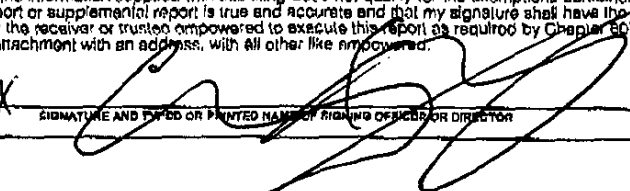
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO KOEPEL, CHRISTOPHER F 524 SARA BAY ROAD OSPREY, FL 34229589
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06/07/07-80001-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF FILING'S OFFICER OR DIRECTOR

Date

Daytime Phone #

6-1-07