

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000128459

Entity Name: AMPLE SOLUTIONS,INC

FILED
Apr 20, 2007
Secretary of State

Current Principal Place of Business:

7502 SAN GABRIEL LANE
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

7502 SAN GABRIEL LANE
NAPLES, FL 34109

New Mailing Address:

FEI Number: 56-2532938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMUCK, PETER
7502 SAN GABRIEL LANE
NAPLES, FL 34109 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: P () Delete
Name: SCHMUCK, PETER
Address: 7502 SAN GABRIEL LANE
City-St-Zip: NAPLES, FL 34109

Title: DIR () Delete
Name: KONECNY, MAREK
Address: 7502 SAN GABRIEL LANE
City-St-Zip: NAPLES, FL 34109

Title: DIR (X) Delete
Name: ROZSYPALEK, MAREK
Address: 7502 SAN GABRIEL LANE
City-St-Zip: NAPLES, FL 34109

Title: D (X) Delete
Name: CERMAK, JOSEF
Address: 7502 SAN GABRIEL LANE
City-St-Zip: NAPLES, FL 34109

Title: D (X) Delete
Name: SVOREN, JURAJ
Address: 7502 SAN GABRIEL LANE
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DIR (X) Change () Addition
Name: VEVERKA, MILOSLAV
Address: 7502 SAN GABRIEL LANE
City-St-Zip: NAPLES, FL 34109

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 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: PETER SCHMUCK

P

04/20/2007

Electronic Signature of Signing Officer or Director

_____ Date