

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000128459

Entity Name: AMPLE SOLUTIONS,INC

FILED  
May 20, 2008  
Secretary of State

**Current Principal Place of Business:**

3235 LACOSTA CIRCLE, #205  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

3235 LACOSTA CIRCLE, #205  
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:**

ZIGO, STEFAN  
3235 LACOSTA CIRCLE, #205  
NAPLES, FL 34109 US

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

LISKA, PETER  
3235 LACOSTA CIRCLE, #205  
NAPLES, FL 34109 US

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: LISKA,PETER

05/20/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ZIGO, STEFAN  
Address: 3235 LACOSTA CIRCLE #205  
City-St-Zip: NAPLES, FL 34105

Title: VP ( ) Delete  
Name: KRAMER, PETR  
Address: 3235 LACOSTA CIRCLE #205  
City-St-Zip: NAPLES, FL 34105

Title: SEC ( ) Delete  
Name: GAJAN, TOMAS  
Address: 3235 LACOSTA CIRCLE #205  
City-St-Zip: NAPLES, FL 34105

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

Title: P (X) Change ( ) Addition  
Name: SCHMUCK, PETER  
Address: 3235 LACOSTA CIRCLE #205  
City-St-Zip: NAPLES, FL 34105

Title: VP (X) Change ( ) Addition  
Name: MARTINEC, VIKTOR  
Address: 3235 LACOSTA CIRCLE #205  
City-St-Zip: NAPLES, FL 34105

Title: DIR (X) Change ( ) Addition  
Name: LISKA, PETER  
Address: 3235 LACOSTA CIRCLE #205  
City-St-Zip: NAPLES, FL 34105

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: LISKA,PETER

DIR

05/20/2008

Electronic Signature of Signing Officer or Director

Date