

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036466

Entity Name: EARLY SOLUTIONS, INC.

FILED
Mar 27, 2007
Secretary of State

Current Principal Place of Business:

5567 TAYLOR ROAD
UNITS 10 & 13
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

5567 TAYLOR ROAD
UNITS 10 & 13
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-3570745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
1395 PANTHER LANE
SUITE 300
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: SCHMITT, ERIC P
Address: 1560 31ST ST SW
City-St-Zip: NAPLES, FL 34117

Title: VP () Delete
Name: POLSTER, LEE
Address: 1886 TARPON BAY DRIVE SOUTH SUITE 302
City-St-Zip: NAPLES, FL 34119

Title: S () Delete
Name: MUELLER, SABINE
Address: 17025 W ROGERS DR
City-St-Zip: NEW BERLIN, WI 53151

Title: T () Delete
Name: WOLLENSAK, CHARLES W
Address: 2580 ALTA LOUISE PKWY
City-St-Zip: BROOKFIELD, WI 53005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LEE POLSTER

VP

03/27/2007

Electronic Signature of Signing Officer or Director

_____ Date