2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036466

Entity Name: EARLY SOLUTIONS, INC.

FILED Apr 15, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
5567 TAYI UNITS 10 NAPLES,					
Current Mailing Address:			New Mailing Address:		
5567 TAYI UNITS 10 NAPLES,					
FEI Number	: 59-3570745 FEI Numbe	r Applied For()	FEI Number Not Applicable () Certificate of Status Desire	ed ()	
Name and	l Address of Current Reg	istered Agent:	Name and Address of New Registered Agent:		
1395 PAN SUITE 300	LAWDOCK, INC. THER LANE) FL 34109 US				
	e named entity submits this e of Florida.	statement for the p	urpose of changing its registered office or registered agent,	or both,	
SIGNATU	RE:				
	Electronic Signature	of Registered Age	nt Date		
Election Ca	mpaign Financing Trust Fund (Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P () Delete SCHMITT, ERIC P 1560 31ST ST SW NAPLES, FL 34117		Title: P (X) Change () Addition Name: SCHMITT, ERIC P Address: 15757 MARCELLO CIRCLE City-St-Zip: NAPLES, FL 34110		
Title: Name: Address: City-St-Zip:	VP () Delete POLSTER, LEE 1886 TARPON BAY DRIVE SO NAPLES, FL 34119	OUTH SUITE 302	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	S () Delete MUELLER, SABINE 17025 W ROGERS DR NEW BERLIN, WI 53151		Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	T () Delete WOLLENSAK, CHARLES W 2580 ALTA LOUISE PKWY BROOKFIELD, WI 53005		Title: () Change () Addition Name: Address: City-St-Zip:		

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: LEE POLSTER VP 04/15/2008