


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90244 011 ***150.00

DOCUMENT # F03000000851	
1. Entity Name MASTERCHEM BRANDS, INC.	

Principal Place of Business 3135 HIGHWAY M IMPERIAL, MO 63052	Mailing Address 21001 VAN BORN ROAD TAYLOR, MI 48180
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04212004 Chg-P CR2E034 (10/03)

4. FEI Number 43-0918324	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME PGM KORTE, STANLEY	<input type="checkbox"/> Delete
STREET ADDRESS 3135 HWY M	
CITY-ST-ZIP IMPERIAL, MO 63052	
TITLE NAME DV KENNEDY, RAYMOND F	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 21001 VAN BORN RD.	
CITY-ST-ZIP TAYLOR, MI 48180	
TITLE NAME VTAS ROSOWSKI, ROBERT B	<input type="checkbox"/> Delete
STREET ADDRESS 21001 VAN BORN RD.	
CITY-ST-ZIP TAYLOR, MI 48180	
TITLE NAME VSD GARGARO, EUGENE A JR.	<input type="checkbox"/> Delete
STREET ADDRESS 21001 VAN BORN RD.	
CITY-ST-ZIP TAYLOR, MI 48180	
TITLE NAME V DORAN, DAVID A	<input type="checkbox"/> Delete
STREET ADDRESS 21001 VAN BORN RD.	
CITY-ST-ZIP TAYLOR, MI 48180	
TITLE NAME VAS WADHAMS, TIMOTHY	<input type="checkbox"/> Delete
STREET ADDRESS 21001 VAN BORN RD.	
CITY-ST-ZIP TAYLOR, MI 48180	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME KORTE, STANLEY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3135 HWY M	
CITY-ST-ZIP IMPERIAL, MO 63052	
TITLE NAME D EEKLEY, JOHN R.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 21001 VAN BORN ROAD	
CITY-ST-ZIP TAYLOR, MI 48180-1340	
TITLE NAME DVTAS ROSOWSKI, ROBERT B.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 21001 VAN BORN RD.	
CITY-ST-ZIP TAYLOR, MI 48180	
TITLE NAME GARGARO, EUGENE A JR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 21001 VAN BORN RD.	
CITY-ST-ZIP TAYLOR, MI 48180	
TITLE NAME DORAN, DAVID A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 21001 VAN BORN RD.	
CITY-ST-ZIP TAYLOR, MI 48180	
TITLE NAME WADHAMS, TIMOTHY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 21001 VAN BORN RD.	
CITY-ST-ZIP TAYLOR, MI 48180	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	David A. Doran, VP	4/21/04	313/274-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #