


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90020 006 \*\*\*150.00

|  |                       |                                 |  |   |   |
|--|-----------------------|---------------------------------|--|---|---|
| DOCUMENT # P05000148469  |                       |                                 |  |                |   |
| 1. Entity Name<br>MIDWEST CHEMICALS, INC.  |                       |                                 |  |   |   |
| Principal Place of Business<br>6425 PINE CASTLE BLVD.<br>ORLANDO FL 32809  |                       |                                 | Mailing Address<br>6425 PINE CASTLE BLVD.<br>ORLANDO FL 32809  |   |   |
| 2. Principal Place of Business - No P.O. Box #   |                       | 3. Mailing Address              |  |   |   |
| Suite, Apt. #, etc.  |                       | Suite, Apt. #, etc.             |  |   |   |
| City & State   |                       | City & State                    |  | 4. FEI Number <b>36-4267175</b>   |   |
| Zip  |                       | Country                         |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| Zip  |                       | Country                         |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |
| 6. Name and Address of Current Registered Agent  |                       |                                 | 7. Name and Address of New Registered Agent  |   |   |
| LEVENS, EDWARDS<br>12923 WATERFORD POINT<br>WINDERMERE FL 34786  |                       |                                 | Name   |   |   |
|  |                       |                                 | Street Address (P.O. Box Number is Not Acceptable)   |   |   |
|  |                       |                                 | City   |   | FL  |
| 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: <u><i>Edward S. Levens</i></u> <span style="float: right;">x <i>25704</i></span>  |                       |                                 |  |   |   |
| <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when changing) DATE</small>  |                       |                                 |  |   |   |
| <p><b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2008 Fee Will Be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b></p>   |                       |                                 | <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b></p> |   |   |
| 10. OFFICERS AND DIRECTORS   |                       |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |   |
| TITLE  | NAME                  | <input type="checkbox"/> Delete | TITLE  | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS   | 12923 WATERFORD POINT |                                 | STREET ADDRESS   |   |   |
| CITY-ST-ZIP  | WINDERMERE FL 34786   |                                 | CITY-ST-ZIP  |   |   |
| TITLE  | NAME                  | <input type="checkbox"/> Delete | TITLE  | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS   |                       |                                 | STREET ADDRESS   |   |   |
| CITY-ST-ZIP  |                       |                                 | CITY-ST-ZIP  |   |   |
| TITLE  | NAME                  | <input type="checkbox"/> Delete | TITLE  | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS   |                       |                                 | STREET ADDRESS   |   |   |
| CITY-ST-ZIP  |                       |                                 | CITY-ST-ZIP  |   |   |
| TITLE  | NAME                  | <input type="checkbox"/> Delete | TITLE  | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS   |                       |                                 | STREET ADDRESS   |   |   |
| CITY-ST-ZIP  |                       |                                 | CITY-ST-ZIP  |   |   |
| TITLE  | NAME                  | <input type="checkbox"/> Delete | TITLE  | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS   |                       |                                 | STREET ADDRESS   |   |   |
| CITY-ST-ZIP  |                       |                                 | CITY-ST-ZIP  |   |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u><i>Edward S. Levens</i></u>  |                       | EDWARD S. LEVENS SR             |  | 3-18-08 860-270-0777  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                       | <small>Date</small>             |  | <small>Daytime Phone #</small>  |   |