.2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 27, 2007 08:00 Al Secretary of State **DOCUMENT # 204951** 1. Entity Name ASSOCIATED ENGINEERING CHEMISTRY, INC. Principal Place of Business Mailing Address 1031 N E 44TH ST 1031 N E 44TH ST FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-0864958 Not Applicable Zıp Country Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASSIDY, J A Street Address (P.O. Box Number is Not Acceptable) 1031 N E 44TH ST FORT LAUDERDALE FL 33334 Zip Code 8. The above named onlity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, SIGNATURE Signature, typed or printed name of registered agent and title i applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PC TITLE ☐ Delete TITLE Change Addition BOTTS, J K NAME NAME. 1031 NE 44TH STREET STREET ADDRESS STREET ADDRESS U00000735867 FT LAUDERDALE FL CITY-ST-7IP CITY-ST-ZIP 05/10/07-80050-024 150.00 STD TITLE Delete IHLE Addition Change CASSIDY, J A NAME NAME 1031 N E 44TH ST STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-SI-7IP VΠ Change THILE Delete IITEE ☐ Addition HEIZER, K M NAME NAME 201 E SAMPLE RD STRIET ADDRESS STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP CITY-SI-7IP TITLE ☐ Delete IIILE Change Addition STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby cortify 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 eath; 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: SIGNATURE

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. CASSINY U

April 25, 2007

(954) 491-

FILED