

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 276960</b> 1. Entity Name <b>CHEMISTRY HALL INTERNATIONAL INC</b>	
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Principal Place of Business <b>650 6TH AVENUE EAST BRADENTON FL 34208</b>	Mailing Address <b>P.O. BOX 1448 BRADENTON FL 34206-1448 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-1053236</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MORAN, CHARLES B 650 6TH AVENUE EAST BRADENTON FL 34208</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> <b>ST WAITE, CYNTHIA 5206 24TG AVE DR W BRADENTON FL 34208</b> </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete                             </td> </tr> </table>	<b>ST WAITE, CYNTHIA 5206 24TG AVE DR W BRADENTON FL 34208</b>	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> <b>000000520691 05/02/06-80105-013 150.00</b> </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                             </td> </tr> </table>	<b>000000520691 05/02/06-80105-013 150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Charles B. Moran **CHARLES B. MORAN, PRESIDENT** APRIL 15, 2006 941-748-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #