## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 24, 2006 08:00 AN Secretary of State **DOCUMENT # 505302** 1. Entity Name CHEMILIZER PRODUCTS, INC. Principal Place of Business Mailing Address 230 COMMERCE DR. N. 230 COMMERCE DR. N. LARGO, FL 33770 LARGO, FL 33770 04122006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1732259 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DANIELS, FRANK R DO NOT WRITE 230 COMMERCE DR. N. LARGO, FL 33770 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. PRES TITLE NAME DANIELS, FRANK R STREET ADDRESS 2420 BUTTERNT COURT U000000533813 CITY-ST-ZIP DUNEDIN, FL 34698 05/06/06-80138-001 150.00 NAME DANIELS, JANICE E STREET ADDRESS 2420 BUTTERNT COURT CITY-ST-ZIP DUNEDIN, FL 34698 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report of 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 embowered to execute this eport 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. In all other like empowered 7

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19/06 727-5

Daytime Phone #

FILED