2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 26, 2005 8:00 am Secretary of State

| | | | | | _ | | ij Ui | , | |
|---|--|---|---|---|--------------------------|------------------------------------|--|----------------------|-----------------------|
| DOCUMENT # F02000005125 1. Enlity Name CHEM TECHNOLOGIES OF MISSISSIPPI, INC. | | | | | | 08-26-2005 9 | • | | |
| Principal Plac | e of Business | Mailing Address | | | 1 | | | | |
| 208 SOUTH | WHITWORTH ST. | P.O. BOX 1004 | | | | | 50063 | 159 | |
| SUITE 3 | | BROOKHAVEN, MS 396 | 02 | | | | 90003 | 406 | |
| BROOKHAVE | N, MS 39601 | | | | 1 1881188 189 | | 4 85 111 68181 8 17 6) (() | 110 meau an | |
| O Dispisal F | The st Day | A Marie a Addison | | | | | | | |
| 2. Principal Place of Business 1706 B Highway 84 E | | 3. Mailing Address | | | | I Briti Briti B riti (5) | 1 11 1 | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | - | | | | |
| Outo, Apr. | 4, 6 (0. | Outle, Apr. #, etc. | | | 08172005 | Chg-P | CR2E034 (| 10/03) | |
| Gity & State Brookhaven, MS | | City & State | | 4. FEI Numbe | er | | IAD | plied For | |
| Brook | :haven, MS | , | | | 72-136 | | | <u> </u> | t Applicable |
| <u></u> . | Country | Zip | Country | | E Cortificato | of Status Desired | X \$8. | .75 Add | sitional |
| 39601 | | | | | 5. Certificate | or Status Desired | N Fee | Require | d |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and | Address of New R | egistered Ager | nt | |
| ***** | | | Name | • | | | | | |
| | ANASTON, KEVIN B 4440, SOUNDSIDE DRIVE | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 4440 SOUNDSIDE DRIVE GULLFBREEZE, FL 32563 | | | | Sheet Address (F.O. Box Northber is Not Acceptable) | | | | | |
| 0022. 2 | CLLC, 1 C 01000 | | | | | | | | |
| | | | City | | | ···· | | Zip Cod | |
| | | | | | | | ru | _ | |
| | named entity submits this statement fo | r the purpose of changing its re | egistered office | or register | ed agent, or bo | th, in the State of Flo | rida. Tam fami | liar with, | and accept |
| ine obligat | ions of registered agent. | 7 | | | | . i | | | |
| SIGNATURE. | me Sigle | ~ TEES AN | R M | 41001 | C. 2516 | PHENS | &-1 <i>&</i> | _ 20 <u>-</u> | |
| | Signature, typed or printed name of registered agent | and title it applicable. (NOTE | Registered Agent sig | nature required | when reinstating) | | DATE | | |
| | | O Florier Constitution | . = | | | | | | |
| | LE NOW!!! FEE IS \$150.00 ue by September 7, 2005 | 9. Election Campaig Trust Fund Contrib | | | .00 May Be ed to Fees | In accordance v corporation did | | | |
| | de by September 7, 2005 | | | | | | | - p., | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS/ | CHANGES TO OFF | ICERS AND DIF | ECTORS | 3 IN 11 |
| TITLE | PT | Delete | TITLE | | | | | Change | Addition |
| NAME | STEPHENS, MARTIN C | | NAME | | | | | | |
| STREET ADDRESS | 772 MARWOOD LOOP | | STREET ADDRES | S | | | | | |
| CITY-ST-ZIP | BOGUE CHITTO, MS 39629 | | OFT. OT 710 | i i | | | | | |
| TITLE | VPS | | CITY-ST-ZIP | | | | | | |
| NAME | | Delete | TITLE | | | | | Change | ☐ Addition |
| STREET ADDRESS | STEPHENS, CAROLYN C | ☐ Delete | TITLE NAME | | | | | Change | Addition |
| CITY OF 710 | 772 MANWOOD LOOP | [_] Delete | TITLE NAME STREET ADDRES | ss | | | | Change | Addition |
| CITY-ST-ZIP | | | TITLE NAME STREET ADDRES CITY-ST-ZIP | ss | | | | | |
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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 actives, with all other like empowered. YVY 17 MARCIN C. STEPHENS, ARES. 8-18-05 601.833.0403 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _