


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000003460
 1. Entity Name
 RES-KEM CORP.



Principal Place of Business: 2 NEW ROAD, ASTON, PA 19014
 Mailing Address: P.O. BOX 1059, MEDIA, PA 19063

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07142006 No Chg-P CR2E034 (11/05)

4. FEI Number: 23-2426846
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MOSTELLER, TODD
 511 12TH STREET N-BLH
 ST. AUGUSTINE, FL 32084

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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: Mosteller, Todd 6695 Colray Ct. Ste. 402 Jacksonville, FL 32258 7/24/06
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by ~~September 8, 2006~~
July

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	URBANS, DENISE
STREET ADDRESS	2 NEW ROAD
CITY-ST-ZIP	ASTON, PA 19014
TITLE	VCV
NAME	HADER, ROBERT
STREET ADDRESS	2 NEW ROAD
CITY-ST-ZIP	ASTON, PA 19014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 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: [Signature] 7/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #