2006 FOR PROFIT CORPORATION

Mar 27, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # F04000003828 1. Entity Name CHEMDET, INC. Principal Place of Business Mailing Address 730 D COMMERCE CENTER DRIVE 730 D COMMERCE CENTER DRIVE SEBASTIAN, FL 32958 SEBASTIAN, FL 32958 03132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-2225305 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent JOACHIM, PHILLIP DO NOT WRITE 730 D COMMERCE CENTER DRIVE SEBASTIAN, FL 32958 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. CP TITLE JOACHIM, PHILLIP M NAME STREET ADDRESS 730 D COMMERCE CENTER DRIVE CITY-ST-ZIP SEBASTIAN, FL 32958 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME

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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee empayered 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> PHILLIP M. JOACHIM OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED