


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # F05000002514**

1. Entity Name  
**BULK MATERIALS INTERNATIONAL COMPANY**



Principal Place of Business      Mailing Address

**153 S. MAIN ST.  
 NEWTOWN, CT 06470**      **PO BOX 335  
 NEWTOWN, CT 06470**

**DO NOT WRITE IN THIS SPACE**



03142006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**06-1165879**      Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**

6. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	D'AMICO, PETER E
STREET ADDRESS	153 S. MAIN STREET
CITY-ST-ZIP	NEWTOWN, CT 06470
TITLE	D
NAME	ZEYNEL, CHARLES M
STREET ADDRESS	153 S. MAIN ST.
CITY-ST-ZIP	NEWTOWN, CT 06470
TITLE	D
NAME	CONTE, STEPHEN A
STREET ADDRESS	153 S. MAIN ST.
CITY-ST-ZIP	NEWTOWN, CT 06470
TITLE	D
NAME	CHAPERON, GUI
STREET ADDRESS	CEMENTIA TRADING AG, 45 NUSCHELERSTRASSE
CITY-ST-ZIP	ZURICH, SWITZERLAND,
TITLE	D
NAME	DROUMENG, JEAN-PAUL
STREET ADDRESS	CEMENTIA TRADING AG, 45 NUSCHELERSTRASSE
CITY-ST-ZIP	ZURICH, SWITZERLAND,
TITLE	S
NAME	D'AMICO, MARIE F
STREET ADDRESS	153 S. MAIN ST.
CITY-ST-ZIP	NEWTOWN, CT 06470

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 04/04/06-80010-019 150.00

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 empowerments.

SIGNATURE: *Peter E D'Amico*      3/16/06      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR