FILED Apr 29, 2008 8:00 am Secretary of State 04-07-2008 90063 011 ***150.00

4/7.

2008 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # F0700002684 1. Entity Name CHROMATE INDUSTRIAL CORP. | | | | | | | | 4 | | | 10000 |
|--|--|-------------------------------|---------------------------------------|-------------|------------------------|----------|----------------------|--|---------------|---------------|---------------------------------------|
| Principal Place of Business Mailing Address | | | | | | | | S | 6008 | 250 | |
| 100 DAVINCI DR. 100 DAVINCI DR. | | | | | | | | U. | | 100 | |
| BOHEMIA, NY 11716 BOHEMIA, NY 11716 | | | | | | | ١ | | | | |
| | | | | | | | | IN HERE EN LINE EU | | | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | _ | | | | | | |
| Suite, Apt. | Suite. Apt. # etc. | Suite, Apt. #, etc. | | | | | | | | | |
| | | | | | | | 02132008 | Chg-P | CR2E03 | 34 (12/06) | |
| City & State | | | City & State | | | | 4. FEI Number | 2 - 1/- | .74 | | pplied For |
| Zip Country | | | Zip | niry | | | -2040 | | 8.75 Ad | ot Applicable | |
| | | | | | · | | 5. Certificate o | Status Desired | | ee Require | |
| Name and Address of Current Registered Agent | | | | | Name | | 7. Name and A | ddress of New R | egistered A | gent | |
| CORPORA | | | | | | | | | | | |
| 1201 HAYS STREET | | | | | Street A | ddress (| P.O. Box Number | is Not Acceptable | | | |
| TALLAHASSEE, FL 32301-2525 | | | | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | City | | | | FL | Zip Cod | e |
| B. The share | anned sel's | . a. b. ita thin atalamant to | the surross of changing its | | and attion as | | ad appear as bath | in the Crote et Flo | | 1 | |
| 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 tamiliar with, and accept the obligations of registered agent. | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | |
| Signature, cyted or philiptic arms of inspection and size if applicable. INDTC Responsive Agent signature required where remoting) DATE | | | | | | | | | | | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS 11 | | | | | | | ADDITIONS/C | HANGES TO OFFI | CERS AND | DIRECTOR | S IN 11 |
| TITLE | P | | ☐ Defete | FITL | | | | | | Change | ☐ Addition |
| NAME STREET ADDRESS | DAVIS, PAUL ADDRESS 100 DAVINCI DR. | | | | E 223POOR T3 | | | | | | |
| CITY-ST-ZIP | BOHEMIA, NY 11716 | | | | | | _ | | | | |
| TITLE | С | | ☐ Delete | TITL | | | | | | ☐ Change | Addition |
| HAME STREET ADDRESS | DAVIS, JA | | | NAM STRE | ET ACCEPTESS | | | | | | } |
| CITY-SI-ZIP | SS 100 DAVINCI DR. BOHEMIA, NY 11716 | | | | -ST-28P | | | | | | |
| THLE | S | | ☐ Delete | Titu | E | | | | | Change | ☐ Addition |
| NAME SIDEST ADDRESS | DAVIS, JO | | | NAM | et adoress | | | | | | |
| STREET ADDRESS CITY-ST:ZIP | 100 DAVII BOHEMIA | NCIUR. NN 11716 | | | -ST-ZIP | | | | | | |
| TITLE | 71 | | ☐ Delete | TITL | | CFO | | ······································ | | ☐ Change | Addition |
| NAME | 1 | | | NAM | C | 7004 | ia baus Daunci Di | 1.e | | | |
| STREET ADDRESS CITY-ST-ZIP | İ | | | | -ST-ZIP | | | <i>6 ור</i> ון | | | 1 |
| πιε | 1 | | ☐ Deleta | TITLE | | | | 11 7, 5 | - | Change | Addition |
| NAME | | | <i>-</i> | MAM | E | | | | | | |
| STREET ADDRESS CITY+ST-ZIP | | | , | | ET ADDRESS - ST-ZIP | | | | | | |
| TITLE | | | ☐ Delete | IMI | _ | | | <u> </u> | | Change | Addition |
| HAME | | | COCCCC | NAM | | | | | | Clarine | [] vector |
| STREET ADDRESS | | | | | ET ADDRESS | | | | | | j |
| CITY-ST-ZIP | | a information a content. 14 | a this killing done and acceptable to | | -\$1-ZIP | ontal | in Change 110 ! | locida Cu-tulas | hudbar assist | that the ' | 260==1' |
| 12. I hereby certify that the information supplied with this tilling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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: Tuffulge 3/3/04 691-567-220 | | | | | | | | | | | |
| SIGNAT | UKE: _ | SIGNATURE AND TYPED OR | MENTED HAME OF SIGNING OFFICER | OR DIRECT | TOR | | | Date Date | 0 | 20 - 3 W | 1-2-00 |