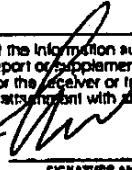


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90207 033 ***150.00

DOCUMENT # F64838			
1. Entity Name FOUR SEASONS CHEMICAL CORP.			
Principal Place of Business 4047 OKEECHOBEE BLVD. SUITE 207 WEST PALM BEACH, FL 33409 US		Mailing Address P.O. BOX 5386 FT. LAUD. FL 33310 US	
2. Principal Place of Business - No P.O. Box # 4047 OKEECHOBEE BLVD		3. Mailing Address 4047 OKEECHOBEE BLVD	
Suite, Apt., #, etc. Suite 207		Suite, Apt., #, etc. Suite 207	
City & State WEST PALM BEACH FL		City & State WEST PALM BEACH FL	
Zip 33409	Country	Zip 33409	Country
4. FEI Number 59-2161544		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SACKS, LARRY 79-29 OLYMPIA DRIVE WEST PALM BEACH, FL 33411		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SACKS, LARRY 79-29 OLYMPIA DRIVE WEST PALM BEACH, FL 33411 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		4/28/08 561-616-6267	
SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR		Date Daytime Phone #	