

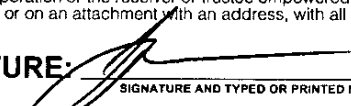


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # J57936 1. Entity Name BIO-CHEM CLEANING SERVICE, INC.						FILED 2006 JUL 17 PM 3:11 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
Principal Place of Business 2912-6 CRESCENT DR TALLAHASSEE, FL 32301				Mailing Address PO BOX 13384 TALLAHASSEE, FL 32317			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
THOMPSON, JAMES L. III 2425 MILLCREEK COURT SUITE 1 TALLAHASSEE, FL 32308				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, JAMES L III 2425 MILLCREEK COURT TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 				7-1706			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date _____ Daytime Phone # _____			

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BIO-CHEM CLEANING SERVICE, INC.

PO BOX 13384
TALLAHASSEE, FL 32317
Phone (850) 422-1266
Fax (850) 422-1211
Biochemcleaning@aol.com

July 17, 2006

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To: Whom it may concern

I received a notice of intent to dissolve in the mail recently. I stopped by your office here in Tallahassee to inquire as to why I had received this. After checking, I was informed that my filing fee had never been received. I checked with my bank and that check has not cleared as of this date. As instructed, I put a stop payment on that check and wrote this letter of explanation as to what happened. Please waive any penalty as the payment was mailed in back in April 2006.

Sincerely,



Jim Thompson
Owner