

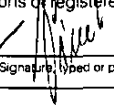
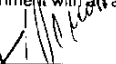


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90231 032 \*\*\*150.00

<b>DOCUMENT # K43498</b> 1. Entity Name <b>AMERICHEM, INC.</b>					
Principal Place of Business <b>12751 WORLD PLAZA LN FT MYERS, FL 33907</b>			Mailing Address <b>16918 TIMBERLAKES DRIVE FORT MYERS, FL 33907</b>		
2. Principal Place of Business <b>16918 Timberlakes Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>16918 Timberlakes Dr.</b> Suite, Apt. #, etc.			
City & State <b>Fort Myers FL</b>		City & State <b>Fort Myers FL</b>		4. FEI Number <b>65-0082643</b>	
Zip <b>33908</b>		Country <b>Lee</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WEIL, CARLOS M 12751 WORLD PLAZA LN FT MYERS, FL 33907</b>				7. Name and Address of New Registered Agent Name <b>Paul Simko</b> Street Address (P.O. Box Number is Not Acceptable) <b>16918 Timberlakes Drive</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33908</b>	
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:  DATE: <b>MARCH 14, 2006</b> <small>Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WEIL, CARLOS</b> <input checked="" type="checkbox"/> Delete <b>7250 HEAVEN LANE FORT MYERS, FL 33908</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Paul Simko</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>16918 Timberlakes Drive Fort Myers, FL 33908</b>	
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	
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	
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	
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	
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: 			Date: <b>MARCH 14</b> 06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		