


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P00000007515</b> 1. Entity Name <b>CEM INC.</b>	
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Principal Place of Business <b>3059 JAMAICA STREET SARASOTA, FL 34231</b>	Mailing Address <b>3059 JAMAICA STREET SARASOTA, FL 34231</b>
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01122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0970375</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>STODDARD, BILLY JOE 3059 JAMAICA STREET SARASOTA, FL 34231</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STODDARD, BILLY JO 3059 JAMAICA STREET SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARE, MAHLON D 4438 GROVELAND AVE. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUGHES, GREGORY W 44375 GROVELAND AVE. SARASOTA, FL 34231
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/07/07-80037-004 150.00

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 empowered.

<b>SIGNATURE:</b> <i>Billy Joe Stoddard</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>Billy Joe Stoddard</b> <b>PRESIDENT</b>	<b>2-22-07</b> Date	Daytime Phone #
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