2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P01000000485 02-02-2006 90047 029 ***150.00 CHEMSCAPE, INC. Principal Place of Business Mailing Address 10300 W FOREST HILL BLVD ARNOLD GOLDSTEIN 60010846 7582 SEASHELL CREST LANE **SUITE # 138** WELLINGTON, FL 33414 LAKE WORTH, FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01292006 Chg-P Applied For City & State City & State 4. FEI Number 65-1100406 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOLDSTEIN, RICK S Street Address (P.O. Box Number is Not Acceptable) 128 KAJOOK CRESCENT ROYAL PALM BEACH, FL 33411 City 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 neva Gordstein ted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete ☐ Addition TITLE ☐ Change GOLDSTEIN, RICK S NAME NAME STREET ADDRESS STREET ADDRESS 16963 KNIGHTSBRIDGE LANE CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-7IP CITY-ST-ZIP 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

FILED

Feb 02, 2006 8:00 am