2008 FOR PROFIT CORPORATION

Feb 11, 2008 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P02000041479 02-11-2008 90054 003 ***150.00 **BDP INNOVATIVE CHEMICALS COMPANY** Principal Place of Business Mailing Address 4393 VIRGINIA DR 4393 VIRGINIA DR ORLANDO, FL 32814 ORLANDO, FL 32814 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 02-0594841 Not Applicable Zip Country Zip \$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 HAUKE, CHARLES D Street Address (P.O. Box Number is Not Acceptable) 4393 VIRGINIA DRIVE ORLANDO, FL 32814 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. Signature, typed or printed hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CEO TITLE ☐ Delete MIE ☐ Change Addition HAUKE, CHARLES D NAME NAME 4393 VIRGINIA PRIVE ORI ANDO, FL 32814 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P VΡ Delete Change TIFLE ■ Addition TITLE rhomas, Philip A. THOMAS, PHILIP A NAME NAME 1175 CHANTRY PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY, FL 32746 ST Addition TITLE ☐ Delete Change NAME HAUKE, JENNIFER NAME STREET ADDRESS STREET ADDRESS 4393 VIRGINIA DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32814 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE

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 of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED