


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2006 SEP 22 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000145592	
1. Entity Name KEM SOLUTIONS INC.	

Principal Place of Business 4806 W. BEXLEY PARK DR. A DELRAY BEACH, FL 33445	Mailing Address PO BOX 970486 COCONUT CREEK, FL 33097
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2. Principal Place of Business 12686 Kingsway Road	3. Mailing Address 12686 Kingsway Road
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Wellington, Florida	City & State Wellington, Florida
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Zip 33414	Country	Zip 33414	Country
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08022006 Chg-P CR2E034 (11/05)

4. FEI Number 20-4004651	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  DE MARIA, FRANCESCO M 4806 W. BEXLEY PARK DR. A DELRAY BEACH, FL 33445	7. Name and Address of New Registered Agent Name Francesco M. DeMaria Street Address (P.O. Box Number is Not Acceptable) 12686 Kingsway Road City Wellington FL Zip Code 33414
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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:  DATE: 9/15/06

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE MARIA, FRANCESCO 4806 W. BEXLEY PARK DR #A DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DeMaria, Francesco 12686 KINGSWAY ROAD Wellington, Florida 33414 <input checked="" 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	500080228455 09/27/06--01053--019 **558.75 <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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/06

Date Daytime Phone #

9/26/06