
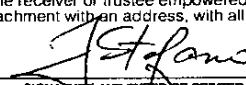


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90020 026 \*\*\*150.00

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # P05681</b><br>1. Entity Name<br><b>CHEM-TAINER INDUSTRIES INC.</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>361 NEPTUNE AVENUE<br/>N BABYLON, NY 11704</b>   |  |   | Mailing Address<br><b>361 NEPTUNE AVENUE<br/>N BABYLON, NY 11704</b> |  |  |
| 2. Principal Place of Business   |  |   | 3. Mailing Address   |  |  |
| Suite, Apt. #, etc.  |  |   | Suite, Apt. #, etc.  |  |  |
| City & State   |  |   | City & State   |  |  |
| Zip  |  | Country   |  | Zip  |  |
| Country  |  | Country   |  | 4. FEI Number<br><b>11-1981604</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |  | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>UNITED STATES CORPORATION COMPANY<br/>1201 HAYS STREET<br/>SUITE 105<br/>TALLAHASSEE, FL 32301</b>   |  |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when retesting) DATE _____  |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 6, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |  |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD<br/>GLEN, JAMES<br/>131 ROUND SWAMP RD<br/>HUNTINGTON, NY 11743</b> <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SD<br/>DEVINE, ROBERT<br/>128 WATERS EDGE<br/>JUPITER, FL 334774031</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>PIVAR, STUART<br/>15 W67TH ST<br/>NEW YORK, NY</b> <input type="checkbox"/> Delete                |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V<br/>FLAXMAN, JOAN<br/>200 STERLING RD.<br/>HARRISON, NY</b> <input type="checkbox"/> Delete           |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VD<br/>JOSEPH, STEFANO<br/>4 DUFFIELD ROAD<br/>CORAM, NY 11727</b> <input type="checkbox"/> Delete      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |   |  |  |  |
| <b>SIGNATURE:</b>   |  |   | Date <b>7/3/06</b>   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   | Daytime Phone #  |  |  |

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