

2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 02, 2006
Secretary of State**

DOCUMENT# P38986

Entity Name: AMGLO KEMLITE LABORATORIES, INC.

Current Principal Place of Business:

8787 ENTERPRISE BLVD.
LARGO, FL 33773

New Principal Place of Business:

Current Mailing Address:

215 GATEWAY RD
BENSENVILLE, IL 60106

New Mailing Address:

FEI Number: 36-2981045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYLAND, JAMES H.
2940 WEST BAY DRIVE
UNIT #603
BELLEAIR BLUFFS, FL 33770 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPS () Delete
Name: VEIGEL, IZABELA
Address: 1641 SANDY KEU ESTATES CT
City-St-Zip: CLEARWATER, FL 33767

Title: DT () Delete
Name: KERCHENFAUT, LARRY A, .
Address: 6024 SHERMAN DRIVE
City-St-Zip: WOODRIDGE, IL 60517

Title: CP () Delete
Name: HYLAND, JAMES H
Address: 2940 WEST BAY DRIVE UNIT #603
City-St-Zip: BELLEAIR BLUFFS, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN

FM

02/02/2006

Electronic Signature of Signing Officer or Director

_____ Date