


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000028465**  
 1. Entity Name  
 NORCHEM, INC.



Principal Place of Business 985 SEAWAY DRIVE SUITE-A FORT PIERCE, FL 34949	Mailing Address 985 SEAWAY DRIVE SUITE-A FORT PIERCE, FL 34949
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01182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0424926	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 WOLSIEFER, JOHN SR.  
 985 SEAWAY DR  
 FORT PIERCE, FL 34949

**DO NOT WRITE IN THIS SPACE**

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.

*N/A No Changes*

SIGNATURE: *John Wolsiefer* (NOTE: Registered Agent signature required when registering) DATE: *Jan 23, 2006*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, ARDEN 6450 ROCKSIDE WOODS SOUTH CLEVELAND, OH 44131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WOLSIEFER, JOHN SR. 985-A SEAWAY DRIVE FORT PIERCE, FL 34949
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100000402565  
 02/03/06-80014-003 150.00

**DO NOT WRITE IN THIS SPACE**

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: *John Wolsiefer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *Jan 23, 2006* Daytime Phone #: *772-468-6110*