2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Apr 16, 2004 8:00 am Secretary of State DOCUMENT # P93000079485 04-16-2004 90043 001 ***150.00 1. Entity Name GCA CHEMICAL CORPORATION Principal Place of Business Mailing Address 3655 CORTEZ RD. WEST 916 13TH STREET WEST STE 120 BRADENTON: FL 34205 BRADENTON, FL 34210-3147 2. Principal Place of Business 3. Malling Address 3655 CONTEZ NO. WEST Suite, Apt. #, etc Suite, Apt. #, etc. Chg-P 04122004 CR2E034 (10/03) 120 SUITE City & State 4. FEI Number Applied For ADENTON - FL 06-0896260 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box - *Fee Required* 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WRIGHT, GRAHAM W Street Address (P.O. Box Number is Not Acceptable) 916 13TH STREET WEST. BRADENTON, FL-34205 SUITE 34216 - 314 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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE WRIGHT, GRAHAM W NAME NAME 148 POLK DRIVE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE _ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP filing does not qualify for the exemption and accurate and that my signature red to execute his robort as require. stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ii have the same legal effect as if made under oath; that I am an officer or director Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with the indicated on this report or supplemental report is of the corporation or the receiver of ustee empoy changed, or on an attaching it with the address.

FILED