

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000008943

Entity Name: CHEMLINE PRODUCTS, INC.

FILED
Jan 13, 2009
Secretary of State

Current Principal Place of Business:

3813 - 126TH AVENUE N
SUITE #7
CLEARWATER, FL 33762 US

New Principal Place of Business:

Current Mailing Address:

3813 126TH AVENUE N
SUITE #7
CLEARWATER, FL 33762 US

New Mailing Address:

FEI Number: 59-3227934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIBENEDETTO, PATRICIA A PRES.
3813 - 126TH AVENUE N
SUITE #7
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

HICKS, LISA PRES.
3813 - 126TH AVENUE N
SUITE #7
CLEARWATER, FL 33762 US

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: LISA HICKS

01/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIBENEDETTO, PATRICIA A PRES
Address: 3813-126TH AVENUE N
City-St-Zip: CLEARWATER, FL 33762

Title: S/T () Delete
Name: HELMS, MICHELLE
Address: 3813 - 126TH AVENUE N
City-St-Zip: CLEARWATER, FL 33762

Title: VP () Delete
Name: SATCHER, LISA
Address: 3813 - 126TH AVENUE N
City-St-Zip: CLEARWATER, FL 33762

Title: VP (X) Delete
Name: MCRANIE, AMY
Address: 3813 - 126TH AVENUE N
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HICKS, LISA PRES
Address: 3813-126TH AVENUE N
City-St-Zip: CLEARWATER, FL 33762

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

Title: VP (X) Change () Addition
Name: MCRANIE, AMY
Address: 3813 - 126TH AVENUE N
City-St-Zip: CLEARWATER, FL 33762

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

I hereby certify that the information supplied with this filing does not qualify 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: LISA HICKS

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date