FILED Jan 23, 2007 08:00 AM Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # P95000044250 1. Entity Name KEM AMERICA COMPANY, INC. | | | | | | |
|--|---|--|-------------------------------|--|---------------------------------|--|
| Principal Place 5768 PENDL PT ORANGE, | EBURY CT | Mailing Address 5768 PENDLEBURY CT PT ORANGE, FL 32127 | | | IN ININI NJIIK NAME NAME NAME N | eri birik alaka kadi okki dalilali ik idal |
| DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent | | | | 01132007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | 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. SIGNATURE Signature, typed or printed name of registered agent and the it applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | |
| FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campalgn Finan Trust Fund Contribution. | | | | 00 May Be ed to Fees | | |
| 10. | OFFICERS AND DIF | ECTORS |] | | l. <u> </u> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP KATO, CHIAKI 5768 PENDLEBURY CT PT ORANGE, FL 32127 | U00000598862 01/25/07-80003-024 150.00 | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ertify that the information supplied with this | | | in Observer | D. Clasida District | |

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 chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if the corporation or on an attachment with an address, with all other like empowered.

SIGNATURE: LIGHT TYPED OR PRINTED NAME OF RIGHING OFFICER OR DIRECTOR