2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000065611

1. Entity Name

CHEMONIE HOLDINGS, INC.



04302007

Principal Place of Business

5591 MICCOSUKEE ROAD TALLAHASSEE, FL 32308 US Mailing Address

1910 SAN MARCO BLVD. JACKSONVILLE, FL 32207

FILED May 04, 2007 08:00 A Secretary of State



CR2E034 (11/05)

No Chg-P

DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3333377 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DAVIS, T WAYNE 1910 SAN MARCO BLVD JACKSONVILLE, FL 32207 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 anent and title if applicable (NOTE: Registered Agent stageture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME T. WAYNE DAVIS STREET ADDRESS 1910 SAN MARCO BLVD. JACKSONVILLE, FL City-St-2iP TITLE NAMĒ STREET ADDRESS A STATE OF THE STA CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 line empowered.

SIGNATURE:

TITLE

NAME STREET ADDRESS CITY+ST+ZIP

STREET ADDRESS
CITY-ST-2IP
TITLE
NAME
STREET ADDRESS
CITY-ST-2IP

SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/87

IN THIS SPACE

Daytime Phone #