## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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## FILED Apr 04, 2005 08:00 AM Secretary of State

DOCUMENT # P96000041  1. Entity Name KING NEPTUNE CHEMICAL, INC.	1426		Secretary of Stat
Principal Place of Business	Mailing Address		· · ·
5640 SW 56 ST. FORT LAUDERDALE, FL 33314	5640 SW 56 ST. FORT LAUDERDALE, FL 33:	314	E JOHNSCH 118 INCH Stin NOCH WOLL OWN SOUND SIEN SIEN SIEN SIEN SIEN SIEN SIEN SIEN
2. Principal Place of Business	3. Mailing Address	·	
Suite, Apt. #, etc.	Suite, Apt #, etc.		02042005 Chg-P CR2E034 (10/03)
City & State	City & State		4. FEI Number   Applied For   65-0689109   Not Applied
Zip Country	Zip Co	ountry	5. Certificate of Status Desired
5. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
MCGOWAN, PETER			
5640 SW 56 ST.   FORT LAUDERDALE, FL 33314		Street Address (	(P.O. Box Number is Not Acceptable)
		City	FL Zip Code
<ol> <li>The above named entity <u>submits</u> this statement to the obligations of registered agent.</li> </ol>	r the purpose of changing its regis	stered office of register	red agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE			
Signature, typed or printed name of registered agent a	and the rapplicable (NOTE Hegis	stered Agent signature required	f when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.0			.00 May Be led to Fees
10. OFFICERS AND		TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME MCGOWAN, PETER STREET ADDRESS 5640 SW 56 ST.		NAME STREET ADDRESS GITY-ST-ZIP	U0000286427 04/04/05-80028-005 150.00
TITLE FORT LAUDERDALE, FL 33314	<del></del>	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	N	NAME STREET ADDRESS	_ , _
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	☐ Change ☐ Addit
STREET ADDRESS / CITY-ST-ZIP	s	STREET ADDRESS CITY-ST-ZIP	
TITLE	—	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	3	NAME STREET ADDRESS	
CITY-ST-ZIP	T	CITY-ST-ZIP	<del> </del>
TITLE NAME		TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE		rmle	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	s	NAME STREET AUDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with indicated on this report or supplemental report is	this filing does not qualify for the e	exemption stated in Sec	ction 119.07(3)(i). Florida Statutes, I further certify that the information
changed, or on an attachment with an address. W	true and accurate and that my sign Wered to execute this report as red vith all other like empowered.	nature shall have the s quired by Chapter 607	ction 119.07(3)(i), Florida Statutes. I further certify that the Information same legal effect as if made under oath; that I am an officer or director, Florida Statutes; and that my name appears In Block 10 or Block 11
SIGNATURE: A WWW. an address, a	true and accurate and that my sig wered to execute this report as received all other like empowered.  ANTED NAME OF SIGNING OFFICER OR DIR.		same legal effect as if made under oath; that I am an officer or director, Florida Statutes; and that my name appears in Block 10 or Block 11