2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P96000056636 04-30-2007 90824 006 ***150 00 1. Entity Name CHEM OF MIAMI, INC. Principal Place of Business 40092371 Mailing Address 1207 S THOMOPSON AVE 1207 S THOMOPSON AVE DELAND, FL 32720 DELAND, FL 32720 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0690383 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOK, DONALD F Street Address (P.O. Box Number is Not Acceptable) 427 S CLARA AVE DELAND, FL 32720 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PCEO** TITLE ☐ Delete TITLE ☐ Change ☐ Addition COOK, DONALD F NAME NAME STREET ADDRESS 427 S CLARA AVE STREET ADORESS CITY-ST-ZIP DELAND, FL 32720 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME CORLEY, JOSEPHINE NAME STREET ADDRESS 1207 S THOMPSON AVE STREET ADDRESS CITY-ST-ZIP DELAND, FL 32720 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET, ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone #

ATTACHMENT

AT&T Universal Card

Customer Service Center P.O. Box 45218 Jacksonville, FL 32232-5218 6000056636

April 14, 2007

Tallandillandidalllandidadalllandiadadlallandiadl

DONALD F COOK 427 S CLARA AVE DELAND FL 32720-5807

ACCOUNT NUMBER 5398719001225832

Dear DONALD F COOK:

Thank you for contacting our Customer Service Center.

According to our records, your home telephone number is (904)734-7908 and your business telephone number is (904)258-1826. If these are incorrect, please make any changes on the payment coupon portion of your billing statement or call us to update.

We have forwarded your credit protector inquiry(s) to the appropriate area for investigation.

If you have any questions or are in need of further assistance, please call us toll free at 1-800-423-4343. If you are outside the United States, Canada, and Puerto Rico, you may call us collect at 904-448-8661.

Sincerely,

S. Larson

Customer Service

FEDERAL REGULATIONS REQUIRE THE STATEMENT PRINTED ON THE REVERSE SIDE 0/L5/600001/001/ID/CI/AM/0001/AIP0190 /I2007041400242133/55





