2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **ANNUAL REPORT** Mar 02, 2006 08:00 Al DOCUMENT # P96000076990 **Secretary of State** SACHEM RESOURCES CORPORATION Principal Place of Business Mailing Address 22042 SEASHORE CIRCLE P.O. BOX 367 ESTERO, FL 33928 ESTERO, FL 33928-0367 02252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0704107 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ACQUAVIVA, DANIEL J DO NOT WRITE 22042 SEASHORE CIRCLE ESTERO, FL 33928 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 title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE ACQUAVIVA, DANIEL J NAME 22042 SEASHORE CIRCLE STREET ADDRESS CITY-ST-ZIP ESTERO, FL 33928 URD000454143 TITLE 00/14/08-80049-018 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIF TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/06 (239) 947-7028