

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000092437

FILED
Apr 20, 2007
Secretary of State

Entity Name: ALCHEM LABORATORIES CORPORATION

Current Principal Place of Business:

13305 RACHAEL BLVD
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

13305 RACHAEL BLVD
ALACHUA, FL 32615 US

New Mailing Address:

FEI Number: 59-3420520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POP, EMIL
1113 NW 58TH TERRACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POP, EMIL
Address: 1113 NW 58TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: BODOR, NICHOLAS S
Address: 6520 SW 40TH TERR
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: KATRITZKY, ALAN R
Address: 1221 SW 21STH ST
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: POP, EMIL
Address: 1113 NW 58TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: DR. (X) Change () Addition
Name: BODOR, NICHOLAS S
Address: 6520 SW 40TH TERR
City-St-Zip: GAINESVILLE, FL 32608

Title: DR. (X) Change () Addition
Name: KATRITZKY, ALAN R
Address: 1221 SW 21STH ST
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMIL POP

Electronic Signature of Signing Officer or Director

DR.

04/20/2007

Date