

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000083176

FILED  
Feb 01, 2007  
Secretary of State

Entity Name: ALLCHEM INDUSTRIES INDUSTRIAL CHEMICALS GROUP, INC.

**Current Principal Place of Business:**

6010 N.W. 1ST PLACE  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

6010 N.W. 1ST PLACE  
GAINESVILLE, FL 32607

**New Mailing Address:**

FEI Number: 59-3497894      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OLCESE, ALEX  
6010 NW FIRST PL  
GAINESVILLE, FL 32607      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: FELDSTEIN, JOSH  
Address: 6010 N.W. 1ST PLACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: VSD ( ) Delete  
Name: OLCESE, ALEX  
Address: 6010 NW FIRST PL  
City-St-Zip: GAINESVILLE, FL 32607

Title: T ( ) Delete  
Name: MCCOWN, BRIAN  
Address: 6010 NW FIRST PL  
City-St-Zip: GAINESVILLE, FL 32607

Title: P ( ) Delete  
Name: VAN DER WEIJDE, TOM  
Address: 6010 NW FIRST PL  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: CAMIRE, NATE  
Address: 6010 NW FIRST PLACE  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: VAN DER WEIJDE, TOM  
Address: 6010 NW FIRST PL  
City-St-Zip: GAINESVILLE, FL 32607

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALEX OLCESE

S

02/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date