

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000083176

FILED
Jan 23, 2009
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: PD () 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: TD (X) Change () Addition
Name: MCCOWN, BRIAN
Address: 6010 NW FIRST PL
City-St-Zip: GAINESVILLE, FL 32607

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

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

I hereby certify that the information supplied with this filing does not qualify 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

Electronic Signature of Signing Officer or Director

V

01/23/2009

Date