


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000104784  
 1. Entity Name  
 KEMICORP CORPORATION



Principal Place of Business 344 SANDAL LANE PALM BEACH SHORES, FL 33404	Mailing Address 344 SANDAL LANE PALM BEACH SHORES, FL 33404
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**DO NOT WRITE IN THIS SPACE**



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0881537	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PARSONS, MIKE CPA  
 1224 US HIGHWAY ONE, SUITE H  
 NORTH PALM BEACH, FL 33408

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, RUSSELL T 344 SANDAL LANE PALM BEACH SHORES, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEET, LINDA P 344 SANDAL LANE PALM BEACH SHORES, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARMAN, PAMELA J 344 SANDAL LANE PALM BEACH SHORES, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLS, THOMAS R 344 SANDAL LANE WEST PALM BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/09/07-80100-017 150.00

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: *Thomas R. Mills* THOMAS R. MILLS 4-24-07 561 844-9007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #