


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000104784


1. Entity Name
KEMICORP CORPORATION



Principal Place of Business Mailing Address

344 SANDAL LANE **344 SANDAL LANE**
PALM BEACH SHORES, FL 33404 **PALM BEACH SHORES, FL 33404**

DO NOT WRITE IN THIS SPACE



04062008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0881537 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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, 2008 Fee will be \$550.00

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

U00000952388
06/04/08-80078-012 550.00

| 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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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** 5-1-08 844-9005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #