2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 12, 2006 8:00 am **Secretary of State** DOCUMENT # V08661 01-12-2006 90192 007 ***150.00 CHEMIL INTERNATIONAL, INC. Principal Place of Business Mailing Address 1094 HOOK DRIVE 1094 HOOK DRIVE 41100100-SPRING HILL, FL 34608 US SPRING HILL, FL 34608 Principal Place of Business 3. Mailing Address 511 FAIRFIELD COURT 11511 FAIRFIELD CT. Suite, Apt. #, etc. 01062006 CR2E034 (11/05) Applied For 4. FEI Number 59-3104538 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 7. Name and Address of New Registered Agent MILLER, GEORGE E. 1094 HOOK DRIVE Street Address (P.O. Box Number is Not Acceptable) 11511 FAIRFIELD COURT SPRING HILL, FL 34606 8. The above named exity 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 gistered agent. (NOTE: Registered Agent algosture required when reinstating). \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD TITLE ☐ Delete GEOLOGE E. MILVER 11511 FAIRFIELD CT MILLER, GEORGE E. 4 NAME NAME 1094 HOOK DRIVE STREET ADDRESS STREET ADDRESS SPRING HILL, FL 34619 CITY-ST-ZIP SPRING HILL, FL CITY-ST-7IP STD Addition ☐ Delete TITLE MILLER, LOIS M. NAME NAME STREET ADDRESS 1094 HOOK DRIVE STREET ADDRESS 11511 FAIRFIELD LOVES SPRING HILLIFL 3460 CITY-ST-ZIP SPRING HILL, FL CITY-ST-ZIP HILE ☐ Delete MILE ☐ Addition MILLER, RICHARD A NAME 1501 HIGHCREST CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIF VALRICO, FL-33594 CITY-ST-ZIP_ TITLE ☐ Delete ☐ Change ☐ Addition MILLER, GEORGE E JR NAME NAME STREET ADDRESS 407 PARK AVE STREET ADDRESS CITY-ST-ZIP NEW CASTLE, DE 19720 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attachr

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