


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90192 007 ***150.00

DOCUMENT # V08661
 1. Entity Name
CHEMIL INTERNATIONAL, INC.



Principal Place of Business Mailing Address
1094 HOOK DRIVE **1094 HOOK DRIVE**
SPRING HILL, FL 34608 US **SPRING HILL, FL 34608 US**

2. Principal Place of Business 3. Mailing Address
11511 FAIRFIELD COURT **11511 FAIRFIELD CT.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
5

City & State City & State
SPRING HILL **SPRING HILL FL**
 Zip Country Zip Country
34609 **HERNANDO** **34609** **HERNANDO**

6. Name and Address of Current Registered Agent
MILLER, GEORGE E.
1094 HOOK DRIVE
SPRING HILL, FL 34606

7. Name and Address of New Registered Agent
 Name: **GEORGE E. MILLER**
 Street Address (P.O. Box Number is Not Acceptable)
11511 FAIRFIELD COURT
 City: **SPRING HILL** FL Zip Code: **34609**

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: *George E. Miller* DATE: **1/6/06**
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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, GEORGE E. 1094 HOOK DRIVE SPRING HILL, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGE E. MILLER 11511 FAIRFIELD CT SPRING HILL, FL 34609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, LOIS M. 1094 HOOK DRIVE SPRING HILL, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOIS M. MILLER 11511 FAIRFIELD COURT SPRING HILL, FL 34609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, RICHARD A 1501 HIGHCREST CIR VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, GEORGE E JR 407 PARK AVE NEW CASTLE, DE 19720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *George E. Miller* DATE: **1/6/06** DAYTIME PHONE #: **352-799-8883**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40001000



01062006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3104538 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required