

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90087 006 ***550.00

401490-



07032007 Chg-P CR2E034 (12/06)

4. FEI Number **36-2391274** Applied For Not Applicable

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

DOCUMENT # 855574
 1. Entity Name
CLARKE ENVIRONMENTAL MOSQUITO MANAGEMENT, INC.



Principal Place of Business
**P O BOX 72197
 ROSELLE, IL 60172**

Mailing Address
**P O BOX 72197
 ROSELLE, IL 60172**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$550.00
 Due by September 14, 2007**

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 **CD** Delete
 NAME **CLARKE, JOHN L**
 STREET ADDRESS **402 FAIRBANK RD**
 CITY-ST-ZIP **RIVERSIDE, IL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TV** Delete
 NAME **WOOD, CLARK**
 STREET ADDRESS **159 N. GARDEN**
 CITY-ST-ZIP **ROSELLE, IL 60172**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **TECSON, JOSEPH A**
 STREET ADDRESS **225 W WASHINGTON #1300**
 CITY-ST-ZIP **CHICAGO, IL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DAS** Delete
 NAME **CLARKE, MARY K**
 STREET ADDRESS **402 FAIRBANKS RD.**
 CITY-ST-ZIP **RIVERSIDE, IL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **CLARKE, JOHN L III**
 STREET ADDRESS **159 N. GARDEN**
 CITY-ST-ZIP **ROSELLE, IL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TV** Delete
 NAME **WOOD, CLARK**
 STREET ADDRESS **159 N. GARDEN**
 CITY-ST-ZIP **ROSELLE, IL 60172**

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 attachment with an address, with all other like empowered.

SIGNATURE: *J.A. Drago* **J. A. DRAGO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/07 **630-894-2000**
Date Daytime Phone #