


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**


04-23-2007 90256 025 \*\*\*150.00

<b>DOCUMENT # P03000005623</b>	
1. Entity Name <b>EARTH'S BEST NATURAL PEST MANAGEMENT CORP.</b>	

Principal Place of Business <b>4815 ALCEA ST NEW PORT RICHEY, FL 34652</b>	Mailing Address <b>4815 ALCEA ST NEW PORT RICHEY, FL 34652</b>
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2. Principal Place of Business - No P.O. Box # <b>7932 Plathie Rd</b>	3. Mailing Address
Suite, Apt. #, etc. <b>A</b>	Suite, Apt. #, etc.
City & State <b>New Port Richey FL</b>	City & State
Zip <b>34653</b>	Country <b>USA</b>

**40077104**

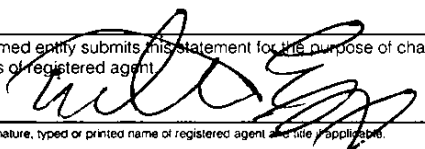


04192007 Chg-P CR2E034 (12/06)

4. FEI Number <b>22-3891041</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>GOLDBERG, GLENN 133 FIRST ST N, STE 2 ST PETERSBURG, FL 33701</b>	Name <b>Bill Ezzo</b>
	Street Address (P.O. Box Number is Not Acceptable) <b>4815 Alcea St</b>
	City <b>New Port Richey FL</b>
	Zip Code <b>34652</b>

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.

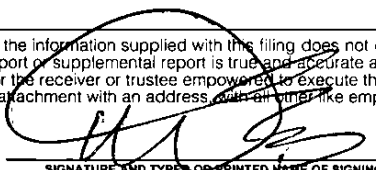
SIGNATURE  DATE **4/19/07**

Signature, typed or printed name of registered agent and date (applicable) (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D EZZO, WILLIAM 4815 ALCEA ST NEW PORT RICHEY, FL 34652</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>EZZO, Sharon 4815 Alcea St New Port Richey, FL 34652</b>
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 an officer like empowered.

SIGNATURE:  DATE **4/19/07** DAYTIME PHONE # **847-0722**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR