

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Mar 25, 2008
Secretary of State**

DOCUMENT# P03000086638

Entity Name: SEARS PEST CONTROL INC.

Current Principal Place of Business:

4692 N POWERLINE ROAD
DEERFIELD BCH, FL 33073

New Principal Place of Business:

Current Mailing Address:

4692 N POWERLINE ROAD
DEERFIELD BCH, FL 33073

New Mailing Address:

FEI Number: 56-2413533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAVITSKY, ALAN
4692 N POWERLINE ROAD
DEERFIELD BCH, FL 33073 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: KRAVITSKY, ALAN
Address: 7644 BRUNSON CIR
City-St-Zip: LAKEWORTH, FL 33467

Title: VP () Delete
Name: DIANE, KRAVITSKY
Address: 7644 BRUNSON CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: KRAVITSKY, LINDA
Address: 3300 S. OCEAN BLVD #917
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: VPM () Change (X) Addition
Name: KRAVITSKY, LARRY
Address: 3300 S. OCEAN BLVD #917
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: VPS () Change (X) Addition
Name: PATNAUDE, PHILIP
Address: 11650 NW 36 PLACE
City-St-Zip: SUNRISE, FL 33323

Title: T () Change (X) Addition
Name: SCIORTINO, MIKE
Address: 6754 BLUE BAY CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY KRAVITSKY

VPM

03/25/2008

Electronic Signature of Signing Officer or Director

Date