2007 FOR PROFIT CORPORATION

Apr 27, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P06000149161 04-27-2007 90182 007 ***150.00 1. Entity Name ALLEN'S PEST SERVICES, INC. Principal Place of Business Mailing Address 17642 MEADOWBRIDGE DR. 17642 MEADOWBRIDGE DR. LUTZ, FL 33549 LUTZ, FL 33549 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-5972162 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROGERS, HAMPTON A II 17642 MEADOWBRIDGE DR Street Address (P.O. Box Number is Not Acceptable) LUTZ, FL 33549 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 ". Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition ROGERS, HAMPTON A II NAME NAME STREET ADDRESS 17642 MEADOWBRIDGE DR. STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-ZIP TITLE Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZtP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY - ST-ZIP TITLE ☐ Delete ☐ 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 attachment with an address, with all other like epipowered.

TITEE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME -

STREET ADDRESS

CITY-ST-ZIP : :

☐ Delete

FILED

☐ Change

☐ Addition