2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000114017

FILED Apr 29, 2008 Secretary of State

Entity Name: TEAM RINE-O PEST CONTROL, INC. **Current Principal Place of Business: New Principal Place of Business:** 1045 SW MCCOY AVE. PORT ST. LUCIE, FL 34953 **Current Mailing Address: New Mailing Address:** 1045 SW MCCOY AVE PORT ST. LUCIE, FL 34953 FEI Number: 26-1869921 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. RINE, STEVEN 1840 SW 22ND ST. 1045 SW MCCOY AVE 4TH FLOOR PORT SAINT LUCIE, FL 34953 US MIAMI, FL 33145 US 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: STEVEN RINE 04/29/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD () Delete Title: () Change () Addition RINE, STEVEN Name: Name: 1045 SW MCCOY AVE. Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34953 City-St-Zip: Title: Title: () Change () Addition () Delete Name: RINE, CINDY Name: 1045 SW MCCOY AVE. Address: Address: PORT ST. LUCIE, FL 34953 City-St-Zip: City-St-Zip:

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: CINDY RINE T 04/29/2008