

## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


APPROVED  
AND  
FILED

06 DEC -6 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RSC*



<b>DOCUMENT # P94000043371</b>					
1. Entity Name <b>EASTERN EXTERMINATING, INC.</b>					
Principal Place of Business <b>953 NW 3RD AVE STE 11 FLORIDA CITY, FL 33034</b>			Mailing Address <b>953 NW 3RD AVE STE 11 FLORIDA CITY, FL 33034</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0494903</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PORTER, LORI A 953 NW 3RD AVE STE 11 FLORIDA CITY, FL 33034</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD PORTER, LORI A 953 NW 3RD AVE STE 11 FLORIDA CITY, FL 33034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900082328469 12/06/06--01059--003 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PORTER, LORI A 953 NW 3RD AVE STE 11 FLORIDA CITY, FL 33034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP Powell Porter 953 NW 3rd Ave, Ste 11 Florida, City FL 33034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOREY, JUSTIN C 953 NW 3RD AVE STE 11 FLORIDA CITY, FL 33034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOREY, MARIA L 953 NW 3RD AVE STE 11 HOMESTEAD, FL 33034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, WILLIAM D 953 NW 3RD AVE STE 11 HOMESTEAD, FL 33034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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: <i>Lori A. Porter</i>		11-15-06		(305) 246-1889	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	