

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000041393

FILED
Apr 26, 2007
Secretary of State

Entity Name: PREVAIL! PEST CONTROL, INC.

Current Principal Place of Business:

5305 GARDEN LANE
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

KOEHLER & COMPANY CPA
502 NORTH ARMENIA AVENUE
TAMPA, FL 33609

New Mailing Address:

KOEHLER & COMPANY CPA
401 N. HOWARD AVE
TAMPA, FL 33606

FEI Number: 59-3339487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOEHLER, KEITH W
KOEHLER & COMPANY CPA
502 NORTH ARMENIA AVENUE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

KOEHLER, KEITH W CPA
KOEHLER & COMPANY CPA
401 N. HOWARD AVE
TAMPA, FL 33606 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: KEITH W. KOEHLER

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MELANSON, BRUCE
Address: 5305 GARDEN LANE
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: MELANSON, BRUCE A
Address: 5305 GARDEN LANE
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE A MELANSON

PSD

04/26/2007

Electronic Signature of Signing Officer or Director

Date