


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000103916
 1. Entity Name
EARTHWISE PEST PREVENTION INC.



Principal Place of Business
2357-3 SOUTH TAMiami TR
VENICE, FL 34293

Mailing Address
2357-3 SOUTH TAMiami TR
VENICE, FL 34293

DO NOT WRITE IN THIS SPACE



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCGUINNESS, JAMES P III
2357-3 SOUTH TAMiami TR
VENICE, FL 34293

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGUINNESS, JAMES P III 2357-3 SOUTH TAMiami TR VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCGUINNESS, MICHAEL P 1825 MANOR ROAD ENGLEWOOD, FL 34223
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 05/30/08-80047-014 150.00

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: James P. McGuinness III **JAMES P. MCGUINNESS, III** 4/28/08 (941) 266-4671
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #