2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 525944

1. Entity Name

LADY BUG PEST CONTROL, INC.



Principal Place of Business

3625 WEST BROWARD BLVD. (33312)

P.O. BOX 22031

FT LAUDERDALE, FL 33312-1013

Mailing Address

3625 WEST BROWARD BLVD. (33312)

P.O. BOX 22031

FT LAUDERDALE, FL 33312-1013





03052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1725547

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NUSSER, MARGARET JANE 512 VICTORIA TERRACE FT LAUDERDALE, FL 33301

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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	Signature, typed or ponted name of registered agent and title	f applicable (NOTE, Registered	Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND DIREC	CTORS					
IIILE	VSD						
NAME	NUSSER, DENNIS						
STREET ADDRESS	512 VICTORIA TERRACE		ľ				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301				Haaaaaaaaa		
TITLE	PTD NUSSER, MARGARET				000000663358 03/22/07-80001-003 150.0		
NAME							
STREET ADDRESS	512 VICTORIA TERRACE						
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301						
TITLE							
NAME							
CIDEEL ADDDLCC							

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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

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTO

+ INUSSET

3/8/07 954-288-950