2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007
Secretary of State

DOCUMENT# F00502

Entity Name: BUG BLASTERS, INC.

Current Principal Place of Business:

C/O JOHN F. SESSIONS
5951 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 322115628 US

New Principal Place of Business:

C/O PAUL FELKER
5951 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 322115628 US

Current Mailing Address:

C/O JOHN F. SESSIONS
5951 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

New Mailing Address:

C/O PAUL FELKER
5951 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

FEI Number: 59-2047795 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FELKER, PAUL
5951 ARLINGTON EXPRESSWAY
JACKSONVILLE FL, FL 32211 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: AT ( ) Delete
Name: SESSIONS, JOHN F,
Address: 5951 ARLINGTON EXPRSWY.
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: SESSIONS, KEVIN
Address: 5951 ARLINGTON EXPRSWY.
City-St-Zip: JACKSONVILLE, FL

Title: P ( ) Delete
Name: FELKER, PAUL L JR.
Address: 5951 ARLINGTON EXPRSWY.
City-St-Zip: JACKSONVILLE, FL

Title: V ( ) Delete
Name: MILTON, JOHN G
Address: 5951 ARLINGTON EXPRSWY.
City-St-Zip: JACKSONVILLE, FL

Title: STD ( ) Delete
Name: JANES, ROBERT S
Address: 5951 ARLINGTON EXPRSWY
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: FELKER, CAREN
Address: 5951 ARLINGTON EXPRSWY.
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBERT JANES STD 04/05/2007
Electronic Signature of Signing Officer or Director Date