

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F58996

FILED
May 28, 2006
Secretary of State

Entity Name: EFFECTIVE PEST CONTROL, INC.

Current Principal Place of Business:

8885 SW ST
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 880216
BOCA RATON, FL 33488 US

New Mailing Address:

FEI Number: 59-2146874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNARD, ALAN S
8885 SW 7TH STREET
BOCA RATON, FL 33433 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: P () Delete
Name: BERNARD, ALAN S
Address: 8885 SW 7TH STREET
City-St-Zip: BOCA RATON, FL

Title: VST () Delete
Name: BERNARD, ELAINE
Address: 8885 SW 7TH STREET
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BERNARD, ALAN S
Address: 8885 SW 7TH STREET
City-St-Zip: BOCA RATON, FL

Title: PRES (X) Change () Addition
Name: BERNARD, ELAINE
Address: 8885 SW 7TH STREET
City-St-Zip: BOCA RATON, FL

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: ALAN S. BERNARD

VP

05/28/2006

Electronic Signature of Signing Officer or Director

_____ Date