2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000263

Entity Name: THE INDUSTRIAL FUMIGANT CO

FILED Apr 18, 2006 Secretary of State

		OCCUPATION AND AND AND AND AND AND AND AND AND AN			
Current P	rincipal Plac	e of Business:	New Prince	New Principal Place of Business:	
19745 W 1 OLATHE,					
Current Mailing Address:			New Maili	New Mailing Address:	
P.O. BOX OLATHE,	1200 KS 66051120	0			
FEI Number	: 44-0529835	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
6018-43RÍ	GORDON D TER., NOR RSBURG, FL	TH 33709 US			
The above in the State	e named entity e of Florida.	submits this statement for the	e purpose of changing	its registered office or registered agent, or both,	
SIGNATUI	RE:				
		nic Signature of Registered A	Agent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICER	S AND DIREC	CTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (NEWLAND, J. 36 WHEATLAI OTTAWA, KS	ND DR.	Title: Name: Address: City-St-Zip:	P (X) Change () Addition ROLLINS, GLEN W 19745 WEST 159TH STREET OLATHE, KS 66062	
Title: Name: Address: City-St-Zip:	V (BLACHLY, RC 307 N. OAK PAOLA, KS 6		Title: Name: Address: City-St-Zip:	V (X) Change () Addition NEWLAND, MIKE 19745 WEST 159TH STREET OLATHE, KS 66062	
Title: Name: Address: City-St-Zip:	BLAUFUSS, TI 13403 WEST) Delete HOMAS M 122ND STREET ARK, KS 66213	Title: Name: Address: City-St-Zip:	S (X) Change () Addition KNOTTEK, MICHAEL W 19745 WEST 159TH STREET OLATHE, KS 66062	
Title: Name: Address: City-St-Zip:	D (WILBUR, DON 304 TOWER PAOLA, KS 6		Title: Name: Address: City-St-Zip:	T (X) Change () Addition CYNKUS, HARRY J 19745 WEST 159TH STREET OLATHE, KS 66062	
Title: Name: Address: City-St-Zip:	ARNOTE, JIM 4838 SOMERS		Title: Name: Address: City-St-Zip:	D (X) Change () Addition WALTERS, TOM 19745 WEST 159TH STREET OLATHE, KS 66062	
Title: Name: Address: City-St-Zip:	D () SWOYER, GL 5418 CAENEN SHAWNEE, K	1	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: MIKE NEWLAND V 04/18/2006