

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # G11134 1. Entity Name MODEL PEST CONTROL, INC.	
--	---

Principal Place of Business 19155 SW 208 ST MIAMI, FL 33187 US	Mailing Address 24305 SW 199 AVE HOMESTEAD, FL 33031 US
--	---

DO NOT WRITE IN THIS SPACE



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2235721	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

WHITEHOUSE, WILLIAM J.
24305 SW 199 AVE.
MIAMI, FL 33031

**DO NOT WRITE
IN THIS SPACE**

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	SDV WHITEHOUSE, DIANN A 24305 S.W. 199TH AVE. MIAMI, FL 33031
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP WHITEHOUSE, WILLIAM 24305 S.W. 199TH AVE. MIAMI, FL 33031
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

000000800724
01/31/08-80028-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Diann A. Whitehouse **Diann A. Whitehouse**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-24-08 Daytime Phone # 305-238-1707