


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # H54813 <small>Entity Name</small> ALL POINTS PEST CONTROL CORP.	
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Principal Place of Business 7020 SW 22 CT. P O BOX 291243 DAVIE, FL 33329	Mailing Address P. O. BOX 291243 P O BOX 291243 DAVIE, FL 33329 US
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01082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2519746	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

SCHICKLER, KENNETH
 7020 SW 22 CT.
 DAVIE, FL 33314

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9. 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P SCHICKLER, KENNETH 1146 SW 149TH LANE SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHICKLER, MERYL 1146 SW 149TH LANE SUNRISE, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 219, 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 807, 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: Meryl Schickler **Meryl Schickler** 4/6/06 954-474-2847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #