

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H94066

FILED
Feb 15, 2005
Secretary of State

Entity Name: PROFESSIONAL PEST TECH, INC.

Current Principal Place of Business:

% JOANNE BARBER
5190 SW 89TH AVENUE
COOPER CITY, FL 33328

New Principal Place of Business:

% JOANNE BARBER
8740 S.W. 52ND ST
COOPER CITY, FL 33328

Current Mailing Address:

% JOANNE BARBER
5190 SW 89TH AVENUE
COOPER CITY, FL 33328

New Mailing Address:

% JOANNE BARBER
8740 S.W. 52ND ST.
COOPER CITY, FL 33328

FEI Number: 59-2640173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, JOANNE
5190 SW 89TH AVENUE
COOPER CITY, FL 33328 US

Name and Address of New Registered Agent:

BARBER, JOANNE
8740 S.W. 52ND ST.
COOPER CITY, FL 33328 US

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:

02/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BARBER, JOANNE,
Address: 5190 SW 89TH AVE
City-St-Zip: COOPER CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BARBER, JOANNE,
Address: 8740 S.W. 52ND ST.
City-St-Zip: COOPER CITY, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOANNE BARBER

PRES

02/15/2005

Electronic Signature of Signing Officer or Director

Date