


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90053 037 ****50.00

DOCUMENT # L04000049609 1. Entity Name MOSQUITO BEEGONE, LLC					
Principal Place of Business 3343 PATRICIA DRIVE ZEPHYRHILLS, FL 33541			Mailing Address 3343 PATRICIA DRIVE ZEPHYRHILLS, FL 33541		
2. Principal Place of Business 3723 Morris Bridge Rd		3. Mailing Address Suite, Apt. #, etc.			
City & State Wesley Chapel, FL		City & State Suite, Apt. #, etc.		4. FEI Number 20-1316688	
Zip 33543		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HINES, JAMES P 315 S. HYDE PARK AVENUE TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Ali C. Erturk Street Address (P.O. Box Number is Not Acceptable) 2347 Foggry Ridge Pkwy City Land-O-Lakes FL Zip Code 34639	
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 Ali C. Erturk OWNER / MANAGER Ali C Erturk 4-5-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ERTURK, ALI C OWNER 3343 PATRICIA DR. ZEPHYRHILLS, FL 33541 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ERTURK, Ali C owner 2347 Foggry Ridge Pkwy Land-O-Lakes, FL 34639 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERTURK, DEBORAH C OFFICER 3343 PATRICIA DR. ZEPHYRHILLS, FL 33541 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERTURK, Deborah C officer 2347 Foggry Ridge Pkwy Land-O-Lakes, FL 34639 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: Ali C. Erturk			4-5-06 813-469-2397		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

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