

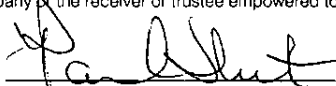


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90207 037 \*\*\*\*50.00

<b>DOCUMENT # L06000100631</b> 1. Entity Name <b>PEST CONSULTING GROUP, LLC</b>						
Principal Place of Business <b>20958 AVENELL ROAD BOCA RATON, FL 33426</b>			Mailing Address <b>20958 AVENELL ROAD BOCA RATON, FL 33426</b>			
2. Principal Place of Business - No P.O. Box # <b>3350 Boca Raton Blvd</b> Suite, Apt. #, etc. <b>A-26</b>		3. Mailing Address <b>11170 Mandarin St</b> Suite, Apt. #, etc.				
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>		02202007 Chg-LLC CR2E083 (12/06)		
Zip <b>33431</b>		Country <b>USA</b>		4. FEI Number <b>205-753-047</b>		
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>				
6. Name and Address of Current Registered Agent  <b>FARINACCI, GLENN 2275 S FEDERAL HWY STE 130 DELRAY BEACH, FL 33483</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____						
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>				
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHORT, PAUL 20958 AVENELL ROAD BOCA RATON, FL 33426</b>		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Paul Short 11170 Mandarin St Boca Raton, FL 33428</b>	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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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.						
<b>SIGNATURE:</b>  <b>Feb 20 2007</b> <b>443-802-5100</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #						