

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003716

FILED
Mar 21, 2007
Secretary of State

Entity Name: XACT IMPACT NATURAL PEST MANAGEMENT LLC

Current Principal Place of Business:

P.O. BOX 503
NIWOT, CO 80544

New Principal Place of Business:

8424 BRITTANY PLACE
NIWOT, CO 80503

Current Mailing Address:

P.O. BOX 503
NIWOT, CO 80544

New Mailing Address:

FEI Number: 20-4443828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBIN, MARK
3640 NW 16TH STREET
LAUDERHILL, FL 33311 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUBIN, KEN
Address: P.O. BOX 503
City-St-Zip: NIWOT, CO 80544

Title: MGRM () Delete
Name: RUBIN, JENINE W
Address: P.O. BOX 503
City-St-Zip: NIWOT, CO 80544

Title: MGRM () Delete
Name: RUBIN, MARK
Address: P.O. BOX 17225
City-St-Zip: PLANTATION, FL 33318

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JENINE WINESUFF RUBIN

MGRM

03/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date