2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

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SKINATURE AND TYPED OF

SIGNATURE: (

Apr 29, 2005 08:00 AM Secretary of State DOCUMENT # M62540 1. Entity Name 21ST CENTURY PEST CONTROL, INC. Principal Place of Business Mailing Address 11851 NW 30TH PLACE 11851 NW 30TH PLACE SUNRISE, FL 33323 SUNRISE, FL 33323 US 04262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0016336 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent RINEARSON, DAVID DO NOT WRITE 20340 NE 15 CT N MIAMI BCH, FL 33179 IN THIS SPACE 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. 1 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 algositure required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRE TITLE RINEARSON, DAVID NEUF 11851 NW 30TH PLACE STREET ADDRESS CITY-ST-ZIP SUNRISE, FL TITLE HAME STREET ADDRESS City-ST-ZIP TITLE Commence of the second NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS OTY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

FILED