## 2006 FOR PROFIT CORPORATION

8. Name and Address of Current Registered Agent

## **FILED** May 01, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # M62540 21ST CENTURY PEST CONTROL, INC. Principal Place of Business - Mailing Address 11851 NW 30TH PLACE 11851 NW 30TH PLACE SUNRISE, FL 33323 US SUNRISE, FL 33323 CR2E034 (11/05) 03142006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0016336

DO	NOT	WRITE
 IN T	THIS	SPACE

5. Certificate of Status Desired

Applied For

\$8.75 Additional

Fee Required

Not Applicable

20340 NE N MIAMI E	9CH, FL 33179	ourpose of changing its registere	d office or n	IN .	NOT WRITE THIS SPACE oth, in the State of Florida. 1 am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	Kapplicable. (NOTE: Registered	Agent signature	required when rainstating)	DATE	
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	eing	\$5.00 May Be Added to Fees	U00000549812 05/13/06-80035-018 150.00	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMC STREET ADDRESS CITY-ST-ZIP	P RINEARSON, DAVID 11851 NW 30TH PLACE SUNRISE, FL		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-				
TITLE HAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIF	certify that the information sumplied with this	Nonp does not mustify for the exe	emptions contained in Chapter 119, Florida Statutes. I further certily 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 or 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: