
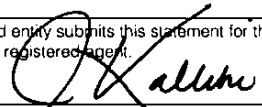
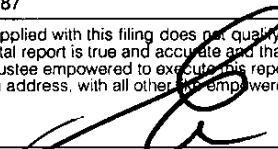


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M80745			
1. Entity Name PRIME PEST CONTROL, INC.		Principal Place of Business 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US	
Mailing Address C/O CORPORATION SERVICES COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US		Chg	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6300 PARK OF COMMERCE BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33487		Country	
4. FEI Number 65-0055506		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name: ANTHONY KALLICHE, ESQUIRE Street Address (P.O. Box Number is Not Acceptable): 2950 N. 28 TERRACE City: HOLLYWOOD FL Zip Code: 33020	
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: 		DATE: 6/25/07	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee 000107546950 03/08/07--01045--007 **367.50	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SWATT, MYRON 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUNIN, RICHARD 2950 N. 28 TERRACE HOLLYWOOD, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LESTER, ANDREW 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LESTER, ANDREW 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP SOLLINS, CHARLES 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOPS SOLLINS, CHARLES 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, D. SCOTT 1140 BAY ST STE 4000 TORONTO, ON <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JOHN FRIEDRICHSEN 1140 BAY STREET, SUITE 400 TORONTO, ONTARIO M5S 2B4 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERSTEIN, ARNOLD J 6300 PARK OF COMMERCE BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DOUGLAS G. COCKLE 1140 BAY STREET, STE 400 TORONTO, ONTARIO M5S 2B4 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANG, WENDY 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT LANG, WENDY 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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 officers or directors.			
SIGNATURE: 		8/21/07 561-989-5071	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

PAGE 2 OF 2

DOCUMENT # M80745		
1. Entity Name PRIME PEST CONTROL, INC.		

Principal Place of Business 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US	Mailing Address C/O CORPORATION SERVICES COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04262007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0055506	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name: ANTHONY KALLICHE, ESQUIRE Street Address (P.O. Box Number is Not Acceptable): 2950 N. 28 TERRACE City: HOLLYWOOD FL Zip Code: 33020	
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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: [Signature] DATE: 6/25/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DC NAME: SWATT, MYRON STREET ADDRESS: 6300 PARK OF COMMERCE BLVD CITY-ST-ZIP: BOCA RATON, FL 33487	<input type="checkbox"/> Delete SEE PAGE 1	TITLE: D NAME: TOMAS ROSES STREET ADDRESS: 2950 N 28 TERRACE CITY-ST-ZIP: HOLLYWOOD, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: LESTER, ANDREW STREET ADDRESS: 6300 PARK OF COMMERCE BLVD CITY-ST-ZIP: BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CEOP NAME: SOLLINS, CHARLES STREET ADDRESS: 6300 PARK OF COMMERCE BLVD. CITY-ST-ZIP: BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PATTERSON, D. SCOTT STREET ADDRESS: 1140 BAY ST STE 4000 CITY-ST-ZIP: TORONTO, ON	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: BERSTEIN, ARNOLD J STREET ADDRESS: 6300 PARK OF COMMERCE CITY-ST-ZIP: BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: LANG, WENDY STREET ADDRESS: 6300 PARK OF COMMERCE BLVD CITY-ST-ZIP: BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: [Signature] DATE: 8/2/07 DAYTIME PHONE #: 561-989-5071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR