


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90006 008 \*\*\*150.00

<b>DOCUMENT # M80745</b> 1. Entity Name <b>PRIME PEST CONTROL, INC.</b>					
Principal Place of Business <b>6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US</b>			Mailing Address <b>6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0055506</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANTHONY KALLICHE, ESQUIRE 2950 N 28 TERRACE HOLLYWOOD, FL 33020</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUNIN, RICHARD 2950 N 28 TERRACE HOLLYWOOD, FL 33020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ALBERTO SOTO 2950 N 28 TERR HOLLYWOOD, FL 33020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LESTER, ANDREW 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY ANTHONY KALLICHE 2950 N 28 TERR HOLLYWOOD, FL 33020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP SOLLINS, CHARLES 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. ROB RABIN 2950 N 28 TERR HOLLYWOOD FL 33020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FRIEDRICHSEN, JOHN 1140 BAY ST STE 4000 TORONTO, ON M552B4		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR STEVEN J. CHRISTENSEN 2950 N 28 TERR HOLLYWOOD FL 33020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COOKE, DOUGLAS G 1140 BAY STREET, STE 4000 TORONTO, ONTARIO, CA M552B4		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TOMAS ROSES 2950 N 28 TERR HOLLYWOOD FL 33020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT LANG, WENDY 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GENE GOMBERG 2950 N 28 TERR HOLLYWOOD FL 33020	
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: <i>[Signature]</i>			2/27/08 561 989 5044		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		