2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N28205

Entity Name: MOSQUITO BEATERS, INC.

Current Principal Place of Business:

C/O GEORGE HARRELL
435 BREVARD AVE #6
COCOA, FL 32922

New Principal Place of Business:

C/O GEORGE HARRELL
435 BREVARD AVE #6
COCOA, FL 32922

Current Mailing Address:

C/O GEORGE HARRELL
435 BREVARD AVE #6
COCOA, FL 32922

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRELL, GEORGE L.
4145 HARRELL RD
ROCKLEDGE, FL 32955 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

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: HARRELL, GEORGE L
Address: 435 BREVARD AVENUE #6
City-St-Zip: COCOA, FL 32922

Title: VD ( ) Delete
Name: BAIRD, GENE
Address: 250 BANANA BLVD.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD ( ) Delete
Name: NIX, MARY K
Address: 25 ORANGE AVE.
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD ( ) Delete
Name: GRAY, LOIS
Address: 1266 ADMIRALTY BLVD.
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE L. HARRELL CD 04/14/2009

Electronic Signature of Signing Officer or Director — Date