2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 12, 2007 08:00 AN **DOCUMENT # P00000030154 Secretary of State** GOLD EAGLE PEST CONTROL SERVICE, INC. Principal Place of Business Mailing Additions 139 FAIRWAY TEN DRIVE 139 FAIRWAY TEN DRIVE CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 01052007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3631093 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VIGILANTE, ALAN DO NOT WRITE 139 FAIRWAY TEN DRIVE CASSELBERRY, FL 32707 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. I am familiar with, and accept the obligations of registered agent, SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable: INCITE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000585361 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Teast Fund Contribution Added to Fees 01/16/07-80008-020 150.00 10. OFFICERS AND DIRECTORS PSTD MLE NAME VIGILANTE, JANET M STREET ADDRESS 139 FAIRWAY TEN DRIVE CASSELBERRY, FL 32707 CITY-ST-ZIP TITLE NAME STREET ADDRESS COY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MARKE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CTTY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 take and occurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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