2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000049582

FILED Apr 30, 2007 Secretary of State

Entity Name: PEST FORCE EXTERMINATING SERVICES, INC.

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
	H ROAD NOF CHEE, FL 33			
Current M	lailing Addre	ss:	New Mailing Address	: :
	H ROAD NOF CHEE, FL 33			
El Number	: 65-1014198	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
SMITH AN				
17715 38T	NN MARIE H ROAD NOF CHEE, FL 33			
17715 38T ₋OXAHAT Γhe above	H ROAD NOF CHEE, FL 33	470 US	ourpose of changing its registered	d office or registered agent, or both,
17715 38T LOXAHAT The above n the State	H ROAD NOF CHEE, FL 33 named entity of Florida.	470 US	ourpose of changing its registered	d office or registered agent, or both,
17715 38T LOXAHAT The above n the State	H ROAD NOF CHEE, FL 33 named entity of Florida.	470 US		d office or registered agent, or both, Date
17715 38T LOXAHAT The above n the State	H ROAD NOF CHEE, FL 33 named entity of Florida. RE: Electro	470 US submits this statement for the p		
17715 38T COXAHAT The above n the State BIGNATUI	H ROAD NOF CHEE, FL 33 named entity of Florida. RE: Electro	submits this statement for the particles of Registered Age grust Fund Contribution ().	ent	
17715 38T COXAHAT The above n the State BIGNATUI	H ROAD NOF CHEE, FL 33 named entity e of Florida. RE: Electron mpaign Financin	submits this statement for the price Signature of Registered Age g Trust Fund Contribution (). TORS: Delete LL OAD NORTH	ent ADDITIONS/CHANGE	Date

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

SIGNATURE: LOWELL SMITH D 04/30/2007