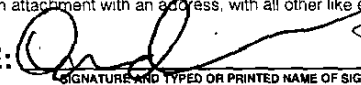


FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90003 018 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | |
|---|--|---|---|
| DOCUMENT # P00000054433 | |  | |
| 1. Entity Name INTEGRATED PEST MANAGEMENT SYSTEMS INTERNATIONAL, INC. | | | |
| Principal Place of Business 17 W. CEDAR STREET SUITE 2 PENSACOLA, FL 32501 | | Mailing Address 17 W. CEDAR STREET SUITE 2 PENSACOLA, FL 32501 | |
| 2. Principal Place of Business 2800 Delano St. | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Pensacola FL | | City & State | |
| Zip 32505 | | Country US | |
| 4. FEI Number 59-3656770 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 05102004 Chg-P CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent BRANNEN, DAVID A 17 W. CEDAR STREET SUITE 2 PENSACOLA, FL 32501 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2800 Delano St. City Pensacola FL Zip Code 32505 | |
| 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  David A Brannen, Pres 5/10/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRANNEN, DAVID A 17 W. CEDAR STREET PENSACOLA, FL 32501 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 940 Gulf Breeze, FL 32562 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 exemption stated in Section 119.07(3)(i), 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:  David A Brannen, Pres 5/10/04 850-434-7700 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |