


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P0000067820

1. Entity Name
NORDIC PEST CONTROL PLUS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR -5 PM 2:20

Principal Place of Business
7156 COLONY CLUB DR.
APT. 207
LAKE WORTH, FL 33463

Mailing Address
POB 542603
LAKE WORTH, FL 33457



2. Principal Place of Business - No P.O. Box # *Same*

3. Mailing Address *Same*

Suite, Apt. #, etc.

03302007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
65-1039982

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHARDT, CHRIS 7156 COLONY CLUB #207 LSKE WORTH, FL 33463		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARDT, CHRIS		NAME		
STREET ADDRESS	7156 COLONY CLUB DR, #207		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP		
TITLE	VPGM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHELLMAN, WAYNE		NAME	<i>MARTIN J. MANNION</i>	
STREET ADDRESS	12690 54TH ST. NORTH		STREET ADDRESS	<i>149 Bedford F</i>	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP	<i>West Palm Beach FL 33417</i>	
TITLE	VPAD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARDT, PAULINE		NAME		
STREET ADDRESS	7156 COLONY CLUB DR. #207		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL LAKEWORTH		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Chris Chardt* Date: *4-7-7* Daytime Phone #: *561-432-2533*