2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 09, 2005 08:00 AM **DOCUMENT # P01000111959 Secretary of State** BELLEROSE PEST MANAGEMENT, INC. Mailing Address Principal Place of Business 1114 SE PETUNIA AVE 1114 SE PETUNIA AVE PORT ST LUCIE, FL 34952 PORT ST LUCIE, FL 34952 No Cha-P 01112005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1155236 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BELLEROSE, BRIAN P DO NOT WRITE 1114 SE PETUNIA AVE PORT ST LUCIE, FL 34952 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 SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD ШП BELLEROSE, BRIAN P NAME STREET ADDRESS 1114 SE PETUNIA AVE CITY-ST-7IP PORT SAINT LUCIE, FL 34952 U00000256514 03/09/05-80018-806 150.00 TITLE NAME, BELLEROSE, PAM STREET ADDRESS 1114 SE PETUNIA AVE CITY-ST-ZIP PORT SAINT LUCIE, FL 34952 ПLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ШП IN THIS SPACE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 arn an officer or director of the corporation or the receiver or trusted 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:

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS