2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 01, 2007
Secretary of State

DOCUMENT# P01000111959

Entity Name: CARIFIO PEST MANAGEMENT INC.

Current Principal Place of Business:

1114 SE PETUNIA AVE
PORT ST LUCIE, FL 34952

New Principal Place of Business:

1437 SE LEGACY COVE CIRCLE
STUART, FL 34997

Current Mailing Address:

1114 SE PETUNIA AVE
PORT ST LUCIE, FL 34952

New Mailing Address:

1437 SE LEGACY COVE CIRCLE
STUART, FL 34997

FEI Number: 65-1155236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELLEROSE, BRIAN P
1114 SE PETUNIA AVE
PORT ST LUCIE, FL 34952 US

Name and Address of New Registered Agent:

CARIFIO, EDWARD
1437 SE LEGACY COVE CIRCLE
STUART, FL 34997 US

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.

SIGNATURE: EDWARD CARIFIO 10/01/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BELLEROSE, BRIAN P
Address: 1114 SE PETUNIA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: V ( ) Delete
Name: BELLEROSE, PAM
Address: 1114 SE PETUNIA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T (X) Delete
Name: CARIFIO, EDWARD
Address: 1437 SE LEGACY COVE CIRCLE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CARIFIO, EDWARD
Address: 1437 SE LEGACY COVE CIRCLE
City-St-Zip: STUART, FL 34997

Title: V (X) Change ( ) Addition
Name: CARIFIO, ELEONORA C
Address: 1437 SE LEGACY COVE CIRCLE
City-St-Zip: STUART, FL 34997

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ELEONORA C CARIFIO V 10/01/2007
Electronic Signature of Signing Officer or Director Date