

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000030296

Entity Name: BYE BYE BUGS' SOLUTIONS, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

1915 N. DALE MABRY HIGHWAY
SUITE 406
TAMPA, FL 33629

New Principal Place of Business:

109 BAYVIEW BLVD. SOUTH
UNIT F
OLDSMAR, FL 34677

Current Mailing Address:

P.O. BOX 247
CRYSTAL BEACH, FL 34681

New Mailing Address:

FEI Number: 01-0638594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, JERRY
3301 BAYSHORE BLVD
SUITE 901
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

VELONG, SAMUEL L P
990 ROLLING HILLS DR
PALM HARBOR, FL 34683 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: SAMUEL L. VELONG

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VELONG, SAMUEL
Address: 1915 N. DALE MABRY HIGHWAY SUITE 406
City-St-Zip: TAMPA, FL 33607

Title: S () Delete
Name: KATZ, JERRY
Address: 1915 N. DALE MABRY HIGHWAY SUITE 406
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VELONG, SAMUEL L
Address: 109 BAYVIEW BLVD., SOUTH, UNIT F
City-St-Zip: OLDSMAR, FL 34677

Title: S (X) Change () Addition
Name: KATZ, JERRY
Address: 109 BAYVIEW BLVD SOUTH, UNIT F
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SAMUEL L. VELONG

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date