2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016623

Entity Name: BUGS BE GONE, INC.

FILED Jan 12, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5037 ASHLEY DR., #1-34 5037 ASHLEY LAKE DR., #1-34 BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437

Current Mailing Address: New Mailing Address:

5037 ASHLEY DR., #1-34 5037 ASHLEY LAKE DR., #1-34 BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437

FEI Number: 71-0936054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EPLING, BRIAN
5037 ASHLEY DR., #1-34
BOYNTON BEACH, FL 33437
EPLING, BRIAN
5037 ASHLEY LAKE DR., #1-34
BOYNTON BEACH, FL 33437

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: 01/12/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: EPLING, BRIAN Name: EPLING, BRIAN

 Address:
 5037 ASHLEY DR., #1-34
 Address:
 5037 ASHLEY LAKE DR., #1-34

 City-St-Zip:
 BOYNTON BEACH, FL 33437
 City-St-Zip:
 BOYNTON BEACH, FL 33437

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: BRIAN EPLING PRES 01/12/2004