

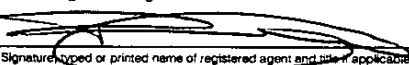



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90213 038 ***158.75

DOCUMENT # P03000038612					
1. Entity Name PRECISE PEST CONTROL OF SO. FLORIDA, INC.					
Principal Place of Business 5025 WILES ROAD STE. 103 COCONUT CREEK, FL 33073 US			Mailing Address 5025 WILES ROAD STE. 103 COCONUT CREEK, FL 33073 US		
2. Principal Place of Business 4103 W. ATLANTIC BLVD. Suite, Apt. #, etc. 408 City & State Coconut Creek Florida		3. Mailing Address 4103 W. ATLANTIC BLVD. Suite, Apt. #, etc. 408 City & State Coconut Creek Fl.			
Zip 33066		Country Broward		04232006 Chg-P CR2E034 (11/05)	
4. FEI Number 61-1453721		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HERNANDEZ, ROBERT 5025 WILES ROAD STE. 103 COCONUT CREEK, FL 33073	
7. Name and Address of New Registered Agent Name Robert Hernandez Street Address (P.O. Box Number is Not Acceptable) 4103 W. ATLANTIC BLVD. Suite 408 Suite 408 City Coconut Creek FL Zip Code 33066				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  Robert Hernandez 4-20-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, ROBERT 5025 WILES ROAD, STE. 3 COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robert Hernandez 4103 W. ATLANTIC BLVD. #408 Coconut Creek Fl. 33066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Robert Hernandez 4/20/06 (954) 935-2222 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					