2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State
04-26-2007 90206 043 ***150.00

DOCUMENT # P03000041790

1. Entity Name
PEST TREATMENT 2000 INC.

Principal Place of Business	Mailing Address
3500 NORTH STATE RD 7 SUITE 101 FORT LAUDERDALE FL 33319 US	3500 NORTH STATE RD 7 SUITE 101 FORT LAUDERDALE FL 33319 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4699 N State Rd 7	4699 N State Rd 7
Suite, Apt. #, etc.: Suite C-5	Suite, Apt. #, etc.: Suite C-5
City & State: Tamarac FL	City & State: Tamarac FL
Zip: 33319 Country: US	Zip: 33319 Country: US

4. FEI Number 32-0071648 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRAY, EVELYN 1905 NW 46TH AVE APT. B LAUDERHILL FL 33313	Name: Evelyn Bray Street Address (P.O. Box Number is Not Acceptable): 522 SE Ron Rico Ter City: Port St Lucie FL Zip Code: 34983

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 Evelyn Bray Evelyn Bray VPresident 4-16-07 EB
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEWIS, CLIFFORD J	NAME	Clifford J Lewis
STREET ADDRESS	1905 NW 46TH AVE APT. B	STREET ADDRESS	522 SE Ron Rico Ter > New address
CITY ST ZIP	LAUDERHILL FL 33313	CITY ST ZIP	Port St Lucie Fl, 34983
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRAY, EVELYN	NAME	Evelyn Bray
STREET ADDRESS	1905 NW 46TH AVE APT. B	STREET ADDRESS	522 SE Ron Rico Ter > New address
CITY ST ZIP	LAUDERHILL FL 33313	CITY ST ZIP	Port St Lucie Fl, 34983
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RICHARDS, STEPHEN	NAME	
STREET ADDRESS	2790 SOMERSET DR. APT Q407	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	CITY ST ZIP	
TITLE	M ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GORDON, MITCHAEL	NAME	
STREET ADDRESS	8528 S HAMPTON DR	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33025	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY ST ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Evelyn Bray Evelyn Bray 4-16-07 954-733-9053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #