

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000005060

FILED
Apr 27, 2009
Secretary of State

Entity Name: CUSTOM PEST SOLUTIONS, INC.

Current Principal Place of Business:

2200 FORSYTH ROAD
UNIT K-09
ORLANDO, FL 32807 US

New Principal Place of Business:

Current Mailing Address:

4270 ALOMA AVE
#124-42K
WINTER PARK, FL 32792 US

New Mailing Address:

FEI Number: 65-1212972 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINTERS, SHANNON L
8621 GEORGIA TECH STREET
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WINTERS, SHANNON L
Address: 8621 GEORGIA TECH STREET
City-St-Zip: ORLANDO, FL 32817 US

Title: V () Delete
Name: WINTERS, BARRY L
Address: 5443 ANDORA STREET
City-St-Zip: ORLANDO, FL 32807 US

Title: V (X) Delete
Name: WINTERS, KAREN S
Address: 5443 ANDORA STREET
City-St-Zip: ORLANDO, FL 32807 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: WINTERS, BARRY L
Address: 1319 WINDMILL RIDGE LOOP
City-St-Zip: ORLANDO, FL 32828 US

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: SHANNON L. WINTERS

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date