

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000047879

Entity Name: MOSQUITO SPRAY SYSTEMS, INC.

FILED
Jun 29, 2006
Secretary of State

Current Principal Place of Business:

1255 BELLE AVE., STE. 178
WINTER SPRINGS, FL 32708

New Principal Place of Business:

1255 BELLE AVE.
SUITE 178
WINTER SPRINGS, FL 32708

Current Mailing Address:

1255 BELLE AVE., STE. 178
WINTER SPRINGS, FL 32708

New Mailing Address:

1255 BELLE AVE., STE.
SUITE 178
WINTER SPRINGS, FL 32708

FEI Number: 20-0903500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONS, BLAKE
300 SHEOAH BLVD. #509
WINTER SPRINGS, FL 32708 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMONS, BLAKE
Address: 300 SHEOAH BLVD. #509
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: SIMONS, ANNA
Address: 300 SHEOAH BLVD. #509
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the 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: BLAKE SIMONS

P

06/29/2006

Electronic Signature of Signing Officer or Director

Date