2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000154714

FILED
Apr 28, 2005
Secretary of State

Entity Name: RIP MOSQUITO AND PEST SOLUTIONS, INC.

Current Principal Place of Business:

P.O. BOX 3671
HOLLYWOOD, FL 330833671

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3671
HOLLYWOOD, FL 330833671

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERMAN, RONALD
2670 N.E. 215TH STREET
MIAMI, FL 33180 US

Name and Address of New Registered Agent:

ANDERSEN, DONALD
19790 WEST DIXIE HIGHWAY
N. MIAMI BEACH, FL 33180 US

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: DONALD ANDERSEN 04/28/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTS ( ) Delete
Name: PETERMAN, RONALD
Address: P.O. BOX 3671
City-St-Zip: HOLLYWOOD, FL 330833671

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change ( ) Addition
Name: ANDERSEN, DONALD
Address: P.O. BOX 3671
City-St-Zip: HOLLYWOOD, FL 330833671

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: DONALD ANDERSEN PTS 04/28/2005
Electronic Signature of Signing Officer or Director Date