2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000004394

Entity Name: FLORIDA PESTGUARD INC.

FILED Jul 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

318 INDIAN TRACE RD., PMB 533 318 INDIAN TRACE WESTON, FL 33328

#533

WESTON, FL 33326

Current Mailing Address: New Mailing Address:

318 INDIAN TRACE RD., PMB 533 318 INDIAN TRACE WESTON, FL 33328

#533

WESTON, FL 33326

FEI Number: 20-2136049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. POROPAT FINANCIAL SERVICES 1840 SW 22ND ST. 5944 CORAL RIDGE DRIVE 4TH FLOOR #209

MIAMI, FL 33145 US CORAL SPRINGS, FL 33076 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: JOHN POROPAT 07/16/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRFS () Delete PATTEN, TIMOTHY J. Name:

318 INDIAN TRACE RD., PMB 533 Address:

City-St-Zip: WESTON, FL 33328

() Delete Title: DV Name: SMITH, SHAWN L.

318 INDIAN TRACE RD., PMB 533 Address:

WESTON, FL 33328 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PRFS** (X) Change () Addition

Name: SMITH, SHAWN L 318 INDIAN TRACE #533 Address: City-St-Zip: WESTON,, FL 33326

Title: (X) Change () Addition

Name: SMITH, SHAWN L. L. Address: 318 INDIAN TRACE #533 WESTON, FL 33328 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: SHAWN SMITH CEO 07/16/2007