2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P05000027790

Entity Name: MOSQUITOES & MORE, INC.

Current Principal Place of Business:

7825 BROKEN ARROW TRAIL
WINTER PARK, FL 32792 US

New Principal Place of Business:

102 DRENNEN RD. SUITE B-10
ORLANDO, FL 32806 US

Current Mailing Address:

7825 BROKEN ARROW TRAIL
WINTER PARK, FL 32792 US

New Mailing Address:

102 DRENNEN RD. SUITE B-10
ORLANDO, FL 32806 US

FEI Number: 20-2371815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERB, WILLIAM J III
7825 BROKEN ARROW TRAIL
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

HERB, WILLIAM J III
102 DRENNEN RD. SUITE B-10
ORLANDO, FL 32806 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: BILL HERB 03/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: HERB, WILLIAM J III
Address: 7825 BROKEN ARROW TRAIL
City-St-Zip: WINTER PARK, FL 32792 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: HERB, WILLIAM J III
Address: 102 DRENNEN RD. SUITE B-10
City-St-Zip: ORLANDO, FL 32806 US

Title: PST ( ) Change (X) Addition
Name: WILSON, JOHN M
Address: 102 DRENNEN RD. SUITE B-10
City-St-Zip: ORLANDO, FL 32806 US

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: BILL HERB PST 03/23/2009
Electronic Signature of Signing Officer or Director Date