

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000065047

FILED  
Apr 19, 2008  
Secretary of State

Entity Name: OUTSMART PEST MANAGEMENT INC.

## Current Principal Place of Business:

8627 MORNING DOVE PL  
WESLEY CHAPEL, FL 33544

## New Principal Place of Business:

6941 CALVIN WAY  
WESLEY CHAPEL, FL 33544

## Current Mailing Address:

8627 MORNING DOVE PL  
WESLEY CHAPEL, FL 33544

## New Mailing Address:

PO BOX 7411  
WESLEY CHAPEL, FL 335445

FEI Number: 65-1249777

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENSON, BRAD  
8627 MORNING DOVE PL  
WESLEY CHAPEL, FL 33544 US

## Name and Address of New Registered Agent:

BENSON, BRAD  
6941 CALVIN WAY  
WESLEY CHAPEL, FL 33544 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: BRAD BENSON

04/19/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: BENSON, BRAD  
Address: 8627 MORNING DOVE PL  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: VP ( ) Delete  
Name: BENSON, DIANNE  
Address: 8627 MORNING DOVE PL  
City-St-Zip: WESLEY CHAPEL, FL 33544

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: BENSON, BRAD  
Address: PO BOX 7411  
City-St-Zip: WESLEY CHAPEL, FL 33545

Title: VP (X) Change ( ) Addition  
Name: BENSON, DIANNE  
Address: PO BOX 7411  
City-St-Zip: WESLEY CHAPEL, FL 33545

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: BRAD BENSON

PST

04/19/2008

Electronic Signature of Signing Officer or Director

Date