


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90094 037 ***150.00

DOCUMENT # P05000090035	
1. Entity Name DIVERSIFIED PEST CONTROL INC.	

Principal Place of Business 7258 SPINNAKER BAY DR LAKE WORTH, FL 33467-7669	Mailing Address 7258 SPINNAKER BAY DR LAKE WORTH, FL 33467-7669
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2. Principal Place of Business - No P.O. Box # 6542 Hypoluxo Rd Suite, Apt. #, etc. #121	3. Mailing Address 6542 Hypoluxo Rd Suite, Apt. #, etc. #121
City & State Lake Worth FL	City & State Lake Worth FL
Zip 33467	Country Orlando Beach



01182007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent TRANESE, FREDERICK L 7258 SPINNAKER BAY DR LAKE WORTH, FL 33467-7669	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	1113 Sunset Ridge Circle
City	Boynton Beach FL
Zip Code	33437

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <input checked="" type="checkbox"/>	DATE 4/5/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRANESE, FREDERICK L	NAME	1113 Sunset Ridge Circle
STREET ADDRESS	7258 SPINNAKER BAY DR	STREET ADDRESS	Boynton Beach FL 33437
CITY-ST-ZIP	LAKE WORTH, FL 334677669	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <input checked="" type="checkbox"/>	DATE 4/5/07