FILED
Mar 31, 2006 8:00 am
Secretary of State

03-22-2006 90003 005 ***150.00

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000119782

1. Entity Name
CONRAD E. BURNS PEST ELIMINATORS, INC.

Principal Place of Business	Mailing Address
21234 OLEAN BLVD., STE. 7 PORT CHARLOTTE, FL 33952	P.O. BOX 496198 PORT CHARLOTTE, FL 33952

03092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
3314 Harbor Blvd			
Suite, Apt. #, etc. Port Charlotte FL		Suite, Apt. #, etc. P.O. Box 49-5300	
City & State		City & State Port Charlotte FL	
Zip 33952	Country Charlotte	Zip 33949	Country Charlotte

4. FEI Number 20-3383204 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURNS, CONRAD E.
21234 OLEAN BLVD., STE. 7
PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent

Name Conrad E. Burns
Street Address (P.O. Box Number is Not Acceptable) 3314 Harbor Blvd
City Port Charlotte FL Zip Code 33952

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 Conrad E. Burns 3.17.06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CONRAD E. BURNS 21455 MALLORY AVE PORT CHARLOTTE FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CONRAD E. BURNS II 21455 MALLORY AVE PORT CHARLOTTE FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Conrad E. Burns CONRAD E. BURNS 3.17.06 941-766-0902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #