2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000156446

Entity Name: ARMAND EXTERMINATING INC.

FILED Mar 16, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
11388 OKI	EECHOBEE BO	ULEVAR	RD				
SUITE B ROYAL PA	ALM BEACH, FL	33411	US				
Current Mailing Address:				New Mailing Address:			
	ESS TRACE ALM BEACH, FL	33411	US				
FEI Number: 16-1742315 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired (X)				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
277 CYPR	, SCOTT B RESS TRACE ALM BEACH, FL	33411	US				
	e named entity so e of Florida.	ubmits th	is statement for the pu	ırpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUI	RE:						
	Electronic	: Signatu	re of Registered Ager	nt		Date	
Election Car	mpaign Financing	Trust Fun	d Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () I ARMAND, SCOT 277 CYPRESS T ROYAL PALM BE	RACE	33411 US	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	SEC () [ARMAND, MARY 277 CYPRESS T ROYAL PALM BE	RACE	33411 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TREA () I ARMAND, MARY 277 CYPRESS T ROYAL PALM BE	RACE	33411 US	Title: Name: Address: City-St-Zip:	ARMAND, PAT 3673 CYPRES	() Change ()Addition RICIA A SS LAKE DRIVE , FL 33467 US	
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	ARMAND, MIC	S LAKE DRIVE	

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT B. ARMAND P 03/16/2006