## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000063033 FIRST CLASS PEST SOLUTIONS, INC. 07 MAY -2 PM 2: 06 SECRETARY OF STATE Mailing Address Principal Place of Business TALLAHASSEE, FLORIDA 19835 WILDWOOD DRIVE 19835 WILDWOOD DRIVE BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601 Principal Place of Business - No P.O. Box # 3. Mailing Address DWH 2U GOGO Suite, Apt. #, etc. Suite, Apt. #, etc. 03302007 CR2E034 (12/06) City & State 4. FEI Number Applied For <del>20</del>-4876481 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRABOWSKI, II, ALFRED J Street Address (P.O. Box Number is Not Acceptable) 19835 WILDWOOD DRIVE BROOKSVILLE, FL 34601 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees : OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Ociate TITLE ☐ Change · ☐ Addition GRABOWSKI, II, ALFRED J NAME NAME STREET ADDRESS 19835 WILDWOOD DRIVE STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 34601 CITY-SI-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP ■ Addition TITLE Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change MLE ☐ Delete TITLE ■ Addition STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition IIIU TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Addillon ☐ Delete IIILE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further cartify 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 eath; that I am an officer or direction of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with at other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIG

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