2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # P06000147 FUMIGATION, INC.	7857				01-31-2007 9	90041 036 1	***150	<i>3.</i> 00
Principal Place	e of Business	Mailing Address	L		73.0				
149 NE 7TH ST 149 NE 7TH ST									
BELLE GLADI	E, FL 33430	BELLE GLADE, FL 334	30						
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address				A Company			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01082007	Chg-P	CR2E034 (12/06)	
City & State	e	City & State			4. FEI Number 20-59			\vdash	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate o	f Status Desired		75 Add Required	
	6. Name and Address of Current	Registered Agent	I		7. Name and A	Address of Now Re		<u></u> -	<u></u>
			Name						
BREWER, 149 NE 7T			Street	Address (P.O. Box Number	is Not Acceptable)		
	ADE, FL 33430								
	••		City				FL ⁷	Zip Code	3
	enamed entity submits this statement fitions of registered agent.	or the purpose of changing its	registered office of	or registe	red agent, or both	i, in the State of Flo	rida. I am famili	ar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered Agent signa	iture require	d when reinstating)		DATE		
]					l l				
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Cont			.00 May Be led to Fees				
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550. OFFICERS AND	.00 Trust Fund Conf			led to Fees	CHANGES TO OFFI	ICERS AND DIR	ECTORS	3 IN 11
After Ma	ay 1, 2007 Fee will be \$550. OFFICERS AND	.00 Trust Fund Conf	11.] Add	led to Fees			ECTORS Change	S IN 11
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After Ma	ay 1, 2007 Fee will be \$550. OFFICERS AND	Trust Fund Cont	11.	Sec Bre	ADDITIONS/C Cretary/T Ewer, Vir	reasurer ginia St			
10. IITLE NAME STREET ADDRESS	OFFICERS AND P BREWER, BILLY 149 NE 7TH ST	Trust Fund Cont	11. TITLE NAME. STREET ADDRESS	Sec Bre	ADDITIONS/C Cretary/T Ewer, Vir	reasurer ginia	0		
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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.

1/27/07

561-261-0736

Daytime Phone #