2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007
Secretary of State

DOCUMENT# P95000055342

Entity Name: SEABREEZE PEST CONTROL INC.

Current Principal Place of Business:

PO BOX 0008
NEW PORT RICHEY, FL 34656 US

New Principal Place of Business:

269 GALAXY AVE
SPRINGHILL, FL 34606 US

Current Mailing Address:

P.O. BOX 0008
NEW PORT RICHEY, FL 34656 US

New Mailing Address:

FEI Number: 65-0615108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUMMINGS, PATRICIA
269 GALAXY AV
SPRING HILL, FL 34606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CUMMINGS, BRIAN
Address: 269 GALAXY AV
City-St-Zip: SPRING HILL, FL 34606

Title: S ( ) Delete
Name: CUMMINGS, PATICIA
Address: 269 GALAXY AV
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BRIAN CUMMINGS PRES 03/26/2007

Electronic Signature of Signing Officer or Director Date