

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000001662

FILED  
Apr 13, 2010  
Secretary of State

Entity Name: PEST PRESCRIPTION INC.

**Current Principal Place of Business:**

498 INDIAN CR. DR.  
COCOA BEACH, FL 32931 US

**New Principal Place of Business:**

**Current Mailing Address:**

498 INDIAN CR. DR.  
COCOA BEACH, FL 32931

**New Mailing Address:**

FEI Number: 59-3417609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCIARAPPA, JOE  
498 INDIAN CREEK DR  
COCOA BEACH, FL 32931 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: D  
Name: SCIARAPPA, JOE  
Address: 498 INDIAN CREEK DR  
City-St-Zip: COCOA BEACH, FL 32931 US

Title: VP  
Name: SCIARAPPA, SHELLY  
Address: 498 INDIAN CIRCLE DR.  
City-St-Zip: COCOA BEACH, FL 32931 US

I hereby 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 all other like empowered.

SIGNATURE: JOE SCIARAPPA

PRES

04/13/2010

Electronic Signature of Signing Officer or Director

Date