2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000005612

1. Entity Name
RED ALERT: PEST DETECTION & ELIMINATION, INC.

Principal Place of Business	Mailing Address
483 SACRE COEUR DRIVE	483 SACRE COEUR DRIVE
MELBOURNE, FL 32935	MELBOURNE, FL 32935

DO NOT WRITE IN THIS SPACE

02072007 · No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3487490	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KORNFELD, EDWARD
483 SACRE COEUR DRIVE
MELBOURNE, FL 32935

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	KORNFELD, EDWARD
STREET ADDRESS	483 SACRE COEUR DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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02/20/07-80050-022 150.00

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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.

SIGNATURE: _____/ PRESIDENT 2-7-07   321-253-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #