ANNUAL REPORT

SIGNATURE:

Apr 26, 2006 8:00 am Secretary of State DOCUMENT # P98000060247 1. Entity Name QUICK KILL TERMITE & PEST CONTROL, INC. 04-26-2006 90227 003 ***158.75 Principal Place of Business Mailing Address 2424 VICK RD. 2424 VICK RD. APOPKA-FL 32712 APOPKA-FL: 32712 2. Principal Place of Business Mailing Address oma Wike 106 W. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04142006 Applied For City & State 4. FEI Number 59-3521866 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name **AMERILAWYER** Street-Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES, FL 33134 City Zip Code FL 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 lamiliar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PTIT TITLE Delete ☐ Addition QUAIL, RONALD NAME NAME STREET ADDRESS 2424 VICK RD. STREET ADDRESS 206 M: APOPKA, FL 32712 CITY: ST-79P-CITY-ST-71P TITLE Delete TITLE ☐ Addition QUAILS, CINDY NAME NAME STREET ADDRESS 2424 VICK RD. STREET ADDRESS APOPKA, FL 32712 CITY-ST-7IP CITY-ST-ZIP Delete TID F TILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP TITLE Delete ΠΠF Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY- ST-74P CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME" NAME STREET ADDRESS: STREET ADDRESS CITY-ST-7IP-CITY-ST-71P 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Liturther 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

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