P99000026612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

G. Castillotte OCT 0 8 2004

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tropical Pest Management, Inc. (Address Change)
(Name of corporation)

DOCUMENT NUMBER: P99000002612

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James D. Wright
(Name of contact person)

Tropical Pest Management, Inc.
(Firm/Company)

12773 West Forest Hill Boulevard, Suite 1209
(Address)

Wellington, FL. 33414
(City/state and zip code)

For further information concerning this matter, please call:

James D. Wright at (561) 784-8100
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(6/04)

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 21, 2004

JAMES D. WRIGHT
TROPICAL PEST MANAGEMENT, INC.
12773 WEST FOREST HILL BLVD., STE. 1209
WELLINGTON, FL 33414

SUBJECT: TROPICAL PEST MANAGEMENT, INC.
Ref. Number: P99000002612

We have received your document for TROPICAL PEST MANAGEMENT, INC. and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 904A00053732

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DIVISION OF CORPORATIONS

*Please correct this before returning.

Thanks,
Cheryl C.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Tropical Pest Management, Inc.

2. The principal office address: 15061 Oak Chase Court, West Palm Beach, FL. 33414

3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 01/11/99 Document number: P99000002612

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

James D. Wright

15061 Oak Chase Court

West Palm Beach, FL. 33414

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TALLAHASSEE FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

~~Tropical Pest Management, Inc.~~ James D. Wright

12773 West Forest Hill Boulevard, Suite 1209

(P.O. Box NOT acceptable)

West Palm Beach, FL. 33414

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director) James D. Wright (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Pres. 08/26/04

(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

James D. Wright

(Typed or Printed Name)

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314