2006 FOR PROFIT CORPORATION

Mar 24, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P99000010330 RENEGADE TERMITE & PEST CONTROL, INC. Mailing Address Principal Place of Business 14343 BRINKS ROAD 14343 BRINKS ROAD DADE CITY, FL 33525 DADE CITY, FL. 33525 01112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3583053 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NEWLON, TIMOTHY DO NOT WRITE 12146 CURLEY ST. SAN ANTONIO, FL 33576 IN THIS SPACE 5. 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 the it applicable (NOTE: Registered Agent alignature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees U00000479479 04/10/06-86005-019 **(5**0.**0**0 OFFICERS AND DIRECTORS 10. **PVST** TITLE BRYANT, JAMES E NAME **14343 BRINKS RD** STREET ADDRESS CITY-ST-ZIP DADE CITY, FL 33525 DDE NAME STREET ADDRESS CITY-ST-ZIP BILE NAME STREET ADDRESS DO NOT WRITE City-St-Zip IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. 1 hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS City-ST-78 TIRE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

FILED