2004 FOR PROFIT CORPORATION

FILED Apr 23, 2004 08:00 AM

DOCUMENT # \$21328 I. fally Name AMBASSADOR PEST MANAGEMENT, INC. Principal Place of Business 1401 FORSYTHE RD WEST PALM BEACH, FL 33405 US A FEL Namber of Content Registered Agent LEWIS, SCOTT 10175 S.W. GREENRIDGE LANE PALM CITY, FL 34490 B. The above named simily submits has statement for the purpose of changing as registered office or registered agent, or both, in the State of Florids. I am familiar with, and accident to the content of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 To. OFFICIES AND DIRECTORS TIME NOW!!! FEE IS \$150.00 TO. OFFICIES AND DIRECTORS TIME LEWIS, SCOTT SIME, NATIONAL STATE US AND CORP. P. CRZEGS4 (10/03) A FEI Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE PALM CITY, FL 34490 DO NOT WRITE IN THIS SPACE FULL NOW!!! FEE IS \$150.00 TO. OFFICIES AND DIRECTORS TIME LEWIS, SCOTT SIME, NATIONAL STATE US AND CITY, FL 34990 TIME LEWIS, SCOTT SIME, NATIONAL STATE US AND CITY, FL 34990 TIME LEWIS, SCOTT SIME, NATIONAL STATE US AND CITY, FL 34990 TIME LEWIS, SCOTT SIME, NATIONAL STATE US AND CITY, FL 34990 TIME LEWIS, SCOTT SIME, NATIONAL STATE US AND CITY, FL 34990 TIME LEWIS, SCOTT SIME, NATIONAL STATE US AND CITY, FL 34990 TIME LEWIS, SCOTT SIME, NATIONAL STATE US AND CITY, FL 34990 TIME LEWIS, SCOTT SIME, NATIONAL STATE US AND CITY, FL 34990 TIME LEWIS, SCOTT SIME, NATIONAL STATE US AND CITY, FL 34990 TIME LEWIS, SCOTT SIME, NATIONAL STATE US AND CITY, FL 34990 TIME LEWIS, SCOTT SIME, NATIONAL STATE US AND CITY, FL 34990 TIME LEWIS, SCOTT SIME, NATIONAL STATE US AND CITY, FL 34990 TIME LEWIS, SCOTT SIME, NATIONAL STATE US AND CITY, FL 34990 TIME LEWIS, SCOTT SIME, NATIONAL STATE US AND CITY, FL 34990 TIME LEWIS, SCOTT SIME, NATIONAL STATE US AND CITY, FL 34990 TIME LEWIS, SCOTT SIME, NATIONAL STATE US AND CITY, FL 34990 TIME LEWIS, SCOTT SIME, NATIONAL STATE US AND CITY, FL 34990 TIME LEWIS, S	ANNUAL REPORT			Secretary of State		
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DO NOT WRITE IN THIS SPACE 4. Fit Number 65-0239843 5. Certificate of Sistus Desired S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent LEWIS, SCOTT 10175 S.W. GREENRIDGE LANE PALM CITY, FL 34990 DO NOT WRITE IN THIS SPACE 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accrete to obligations of registered agent. SIGNATURE: Companies Control	1401 FORSYTHE RD	P. O.B OX 327	US	1 		917) NITH BUNK TUKK UUTK TUUTUK KUUT
LEWIS, SCOTT 10176 S.W. GREENRIDGE LANE PALM CITY, FL 34990 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 according to the chilipations of registered agent. I am familiar with, and according to the chilipations of registered agent. I am familiar with, and according to the chilipations of registered agent. I am familiar with, and according to the chilipations of registered agent. I am familiar with, and according to the chilipations of registered agent. I am familiar with, and according to the chilipations of registered agent. I am familiar with, and according to the chilipations of registered agent. I am familiar with, and according to the chilipations of registered agent. I am familiar with, and according to the chilipations of registered agent. I am familiar with, and according to the chilipation of registered agent. I am familiar with, and according to the chilipation of registered agent. I am familiar with, and according to the chilipation of registered agent. I am familiar with, and according to the chilipation of registered agent. I am familiar with, and according to the chilipation of registered agent. I am familiar with, and according to the chilipation of registered agent. In the State of Florida. I am familiar with, and according to the chilipation of registered agent. In the State of Florida. I am familiar with, and according to the chilipation of registered agent. In the State of Florida. I am familiar with, and according to the chilipation of registered agent. BIGHATORIES OF REGISTARY IN THE STATE OF STAT			CE	04202004 4. FEI Numbe 65-023	No Chg-P er 9843	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional
the obligations of registered agent. SIGNATURE: Signat	LEWIS, SCOTT 10175 S.W. GREENRIDGE LANE	stered Agent		·-		
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees U00000126166 10. OFFICERS AND DIRECTORS TITLE PLEWIS, SCOTT 10175 S.W. GREENRIDGE LANE CITY, FL 34990 TITLE V V V V V V V V V V V V V V V V V V V	the obligations of registered agent. SIGNATURE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE V NAME CHAVEZ, RAFAEL STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL IIILE NAME STREET ADDRESS CITY-ST-ZIP LEWIS, SCOTT OTHER OTHE	FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			.00 May Be led to Fees	U00000 04/23/04)126166 -90022-002-150-00
NAME STREET ADDRESS CITY-ST-ZIP TITLE	TITLE NAME SIREET ADDRESS CITY-ST-ZIP THE NAME CHAVEZ, RAFAEL SIREET ADORESS CITY-ST-ZIP WEST PALM BEACH, FL SIREET ADORESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	COLOHS		_		

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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:

| Signature and Types on PRINTEDWAME OF SIGNING OFFICER OR DIRECTOR | Date | Dayline Prone 4

NAME STREET ADDRESS