

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S74692

Entity Name: DEK PEST CONTROL, INC.

FILED
Aug 20, 2007
Secretary of State

Current Principal Place of Business:

3823 NW 49 STRET
TAMARAC, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

3823 NW 49 STRET
TAMARAC, FL 33309 US

New Mailing Address:

FEI Number: 65-0282202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIALLANZA, VINCENT A.
3823 NW 49TH STREET
TAMARAC, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GIALLANZA, VINCENT,
Address: 689 NE 6TH COURT, APT # 107
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: GIALLANZA, VINCENT,
Address: 689 NE 6TH COURT, APT # 107
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: P () Change (X) Addition
Name: GIALLANZA, STEVEN J
Address: 2475 PLUMADORE DRIVE
City-St-Zip: GRAND ISLAND, FL 34484 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN J. GIALLANZA

PRES

08/20/2007

Electronic Signature of Signing Officer or Director

Date