2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V03056

FILED Apr 29, 2007 Secretary of State

Entity Name: THE PEST TERMINATOR OF NAPLES, INC.

Current Principal Place of Business: New Principal Place of Business:

6100 - 12TH AVENUE S.W. 6100 - DOGWOOD WAY NAPLES, FL 34116 US NAPLES, FL 34116 US

Current Mailing Address: New Mailing Address:

6100 - 12TH AVENUE S.W. 6100 - DOGWOOD WAY NAPLES, FL 34116 US NAPLES, FL 34116 US

FEI Number: 65-0304134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TOLLETT, KELLY J
6100-12TH AVE., S.W.
NAPLES, FL 34116 US
TOLLETT, KELLY J
6100-DOGWOOD WAY
NAPLES, FL 34116 US

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: 04/29/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 WILLIAMS, MCARTHUR
 Name:
 WILLIAMS, MCARTHUR

 Address:
 6100 12TH AVE. S.W.
 Address:
 6100 DOGWOOD WAY

 City-St-Zip:
 NAPLES, FL 34116
 City-St-Zip:
 NAPLES, FL 34116

 Name:
 TOLLETT, LARRY S. JR.
 Name:
 TOLLETT, LARRY S. JR.

 Address:
 5711-12TH AVE., S.W.
 Address:
 5711-DOGWOOD WAY

 City-St-Zip:
 NAPLES, FL 34116
 City-St-Zip:
 NAPLES, FL 34116

Title: S () Delete Title: S (X) Change () Addition

 Name:
 TOLLETT, KELLY
 Name:
 TOLLETT, KELLY

 Address:
 5711-12TH AVE., S.W.
 Address:
 5711-DOGWOOD WAY

 City-St-Zip:
 NAPLES, FL 34116
 City-St-Zip:
 NAPLES, FL 34116

Title: T () Delete Title: T (X) Change () Addition

Name:WILLIAMS, BARBARA J.,Name:WILLIAMS, BARBARA J.,Address:6100 12TH AVE. S.W.Address:6100 DOGWOOD WAYCity-St-Zip:NAPLES, FL 34116City-St-Zip:NAPLES, FL 34116

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: KELLY TOLLETT S 04/29/2007