


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90010 005 ***150.00

DOCUMENT # 838762	
1. Entity Name CANDLE CORPORATION OF AMERICA	

Principal Place of Business 999 E. TOUHY STE 500 DES PLAINES, IL 60018 US	Mailing Address 999 E. TOUHY STE 500 DES PLAINES, IL 60018 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1 East Weaver ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Greenwich, CT	4. FEI Number 11-1434610	Applied For <input type="checkbox"/> Not Applicable
Zip 06831	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



03022007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1240 SOUTH PINE ISLAND RD
FORT LAUDERDALE, FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOSMALKI, STEPHEN 999 E TOUHY AVE STE 500 DES PLAINES, IL 60018 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, WALTER 999 E TOUHY AVE STE 500 DES PLAINES, IL 60018 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GOERGEN, ROBERT B 1 EAST WEAVER ST GREENWICH, CT 06831 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZIELINSKI, RICHARD 999 E TOUHY AVE STE 500 DES PLAINES, IL 60018 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KREIGER, BRUCE D 1 EAST WEAVER ST GREENWICH, CT 06831 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARGHAUS, ROBERT H 1 EAST WEAVER ST GREENWICH, CT 06831 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bruce Williamson 999 E. Touhy Ave STE 500 Des Plaines, IL 60018 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Michael S. Novins 1 East Weaver Street Greenwich CT 06831 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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: Janet Casey **Janet Casey** 3/17/07
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #