

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90033 024 \*\*\*150.00

**DOCUMENT # P94000048388**

1. Entity Name  
 CANDO CONSULTANT SERVICE, INC.



Principal Place of Business      Mailing Address  
 3773 CENTRAL AVE A798      3773 CENTRAL AVE A798  
 ST PETERSBURG, FL 33713-8338      ST PETERSBURG, FL 33713-8338

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

40031127



02092006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 59-3253673      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WINEBRENNER, J M 3773 CENTRAL AVE A798 ST PETERSBURG, FL 33713-8338		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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EAVES, LELAND			NAME			
STREET ADDRESS	201 SANTA CRUZ COURT			STREET ADDRESS			
CITY-ST-ZIP	LULING, LA 70070			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EAVES, JENNIFER			NAME			
STREET ADDRESS	1511 27 AVE SOUTH #205			STREET ADDRESS	1704 GOLD DR #109		
CITY-ST-ZIP	FARGO, ND 58103			CITY-ST-ZIP	FARGO ND 58103		
TITLE		<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	COSE, KARMA		
STREET ADDRESS				STREET ADDRESS	2401 - 30 1/2 AVE SOUTH #303		
CITY-ST-ZIP				CITY-ST-ZIP	FARGO ND 58103		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:**  **Leland Eaves**      03/11/06      727/327-1202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #