

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90004 029 \*\*\*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

40031479



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 8950 DR MLK ST NORTH      PO BOX 55368  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 Suite #130

01042007      Chg-P      CR2E034 (12/06)

City & State      City & State  
 St Petersburg FL      St Petersburg FL  
 Zip      Country      Zip      Country  
 33702      USA      33732      USA

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  
 WNEBRENNER, J M  
 3773 CENTRAL AVE A798  
 ST PETERSBURG, FL 33713-8338

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 8950 Dr Martin Luther King St North  
 Suite #130  
 City      State      Zip Code  
 St Petersburg      FL      33702

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12801 Lafayette St #D105 Thornton CO 80241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2401 -30½ Ave South #202 Fargo ND 58103
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	<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: LELAND EAVES      3/1/07      727/327-1202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #