FROM : FAX NO. :

FILED
May 03, 2007 8:00 am
Secretary of State
05-03-2007 90056 027 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000100474

1. Entity Name
CANDY KINGDOM, INC.

Principal Place of Business	Mailing Address
451 E ALTAMONTE AVENUE 1437 ALTAMONTE SPRINGS, FL 32701 US	7378 PINEMONT DR ORLANDO, FL 32819 US

DO NOT WRITE IN THIS SPACE

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3478376
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALI, JAMIL
7378 PINEMONT DR
ORLANDO, FL 32819

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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 required when registered agent and block applicable. (NOTE: Registered Agent signature required when mandatory)

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	PSTD
NAME	ALI, JAMIL
STREET ADDRESS	451 E ALTAMONTE AVE 1437
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	VP
NAME	YODER, FLOYD
STREET ADDRESS	451 E. ALTAMONTE AVENUE #1437
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	S
NAME	YODER, ZITA
STREET ADDRESS	451 E. ALTAMONTE AVENUE #1437
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/30/07 4073396505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #