


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90358 032 ***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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40073040



01072006 Chg-P CR2E034 (11/05)

4. FEI Number 11-1434610	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1240 SOUTH PINE ISLAND RD FORT LAUDERDALE, FL 33324		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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOSMALKI, STEPHEN 999 E TOUMY AVE, STE 500 DES PLAINES, IL 60018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 999 E. TOUHY AVE, STE 500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, WALTER 999 E TOUMY AVE, STE 500 DES PLAINES, IL 60018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 999 E. TOUHY AVE, STE 500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GOERGEN, BOB 1 EAST WEAVER ST GREENWICH, CT 06831 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT B. GOERGEN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZIELINSKI, RICHARD 999 E TOUMY AVE, STE 500 DES PLAINES, IL 60018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 999 E. TOUHY AVE, STE 500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KREIGER, BRUCE D 1 EAST WEAVER ST GREENWICH, CT 06831 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARGHAUS, ROBERT H 1 EAST WEAVER ST GREENWICH, CT 06831 <input type="checkbox"/> Delete	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: Richard Zielinski RICHARD ZIELINSKI 4/26/06 847-294-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #