


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 851339 1. Entity Name RUSSELL STOVER CANDIES, INC.	
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Principal Place of Business 4900 OAK STREET ATTN: ACCOUNTING KANSAS CITY, MO 64112 US	Mailing Address 4900 OAK STREET ATTN: ACCOUNTING KANSAS CITY, MO 64112 US
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01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1243415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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)

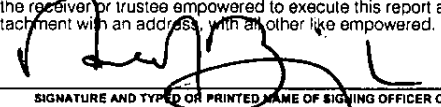
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000789645 01/23/08-80001-021 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARD, SCOTT H 1217 W. 55TH ST KANSAS CITY, MO 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WARD, THOMAS 2920 VERONA ROAD SHAWNEE MISSION, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'HARA, LINDA L 2601 S WARSON RD SAINT LOUIS, MO 63124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARD, ADELAIDE C. 5049 WORNAIL ROAD 3CD KANSAS CITY, MO 64112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **SrVPCAO** **1/10/08** **(816)842-9240**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #