

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G43452

Entity Name: DADE CONFECTIONS, INC.

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

6401 SW 87 AVE
SUITE 212
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

6401 SW 87 AVENUE
SUITE 212
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 59-2324658 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKEAN, RANDOLPH A
6401 S.W. 87 AVE
SUITE 212
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: MCKEAN, JUDITH L
Address: 13627 DEERING BAY DRIVE, APT. 204
City-St-Zip: CORAL GABLES, FL 33158 US

Title: P () Delete
Name: MCKEAN, RANDOLPH A
Address: 13627 DEERING BAY DRIVE, APT. 204
City-St-Zip: CORAL GABLES, FL 33158 US

Title: D () Delete
Name: MCKEAN, STEVEN
Address: 6401 S.W. 87 AVE., #212
City-St-Zip: MIAMI, FL 33173 US

Title: D () Delete
Name: MCKEAN, DAVID S
Address: 6401 SW 87 AVE SUITE 212
City-St-Zip: MIAMI, FL 33173 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDOLPH A MCKEAN

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01/07/2008

Electronic Signature of Signing Officer or Director

_____ Date