
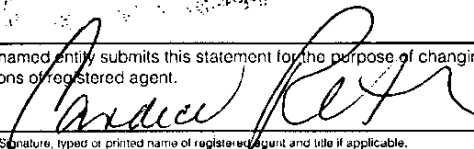
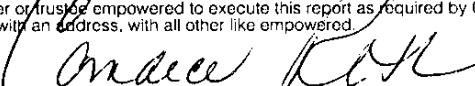


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90034 009 ***150.00

| | | | |
|--|--|---|---|
| DOCUMENT # J23184 | |  | |
| 1. Entity Name CANDICE, INC. | | | |
| Principal Place of Business 916 SOUTH POWERLINE ROAD SUITE #9 POMPANO BEACH, FL 33069 | | Mailing Address 916 SOUTH POWERLINE ROAD SUITE #9 POMPANO BEACH, FL 33069 | |
| 2. Principal Place of Business - No P.O. Box # 3934 Crescent Creek Drive | | 3. Mailing Address 3934 Crescent Creek Drive | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Coconut Creek, FL | | City & State Coconut Creek, FL | |
| Zip 33073 | Country | Zip 33073 | Country |
| 6. Name and Address of Current Registered Agent ROTH, CANDICE 916 S POWERLINE RD SUITE 9 POMPANO BEACH, FL 33069 | | 7. Name and Address of New Registered Agent Name Candice Roth Street Address (P.O. Box Number is Not Acceptable) 3934 Crescent Creek Drive City Coconut Creek FL Zip Code 33073 | |
| 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 1/20/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 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 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROTH, CANDICE 3934 CRESCENT CREEK DRIVE COCONUT CREEK, FL 33073 <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 | V VANCHERI, EDITH 916 SOUTH POWERLINE RD POMPANO BEACH, FL <input checked="" 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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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:  | | Date 1/20/08 Daytime Phone # | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |

40003400



01152008 Chg-P CR2E034 (12/06)

4. FEI Number **59-2715968** Applied For ☐ Not Applicable ☐

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