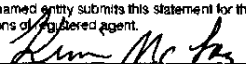
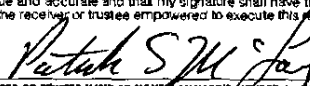


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90690 025 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021254			
1. Entity Name CANDY CRUNCHERS LLC			
Principal Place of Business 1719 LAIRD KEY WEST, FL 33040		Mailing Address 1719 LAIRD KEY WEST, FL 33040	
2. Principal Place of Business 1929 OLIVE AVE Suite, Apt. #, etc.		3. Mailing Address 1929 OLIVE AVE Suite, Apt. #, etc.	
City & State SEBRING, FL Zip 33870 Country U.S.		City & State SEBRING, FL Zip 33870 Country U.S.	
4. FEI Number 65-1157755		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 841 FOURTH STREET #200 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name KIM MCLAY Street Address (P.O. Box Number is Not Acceptable) 1929 OLIVE AVE City SEBRING FL Zip Code 33870	
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, the registered agent.			
SIGNATURE  Signature, typed or printed name of registered agent and life if applicable		DATE 4/30/03 (NOTE: Registered Agent signature required when removing)	
FILE NOW WITH FEE IS \$50.00 Make Check Payable to Florida Department of State Due by May 1, 2003			
9. MANAGING MEMBERS/MANAGERS			
TITLE	P	☐ Delete	
NAME	MCLAY, KIM		
STREET ADDRESS	1719 LAIRD		
CITY-ST-ZIP	KEY WEST, FL 33040		
TITLE	S	☐ Delete	
NAME	MCLAY, PAT		
STREET ADDRESS	1719 LAIRD ST		
CITY-ST-ZIP	KEY WEST, FL 33040		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
10. ADDITIONS/CHANGES			
TITLE		☒ Change ☐ Addition	
NAME			
STREET ADDRESS	1929 OLIVE AVE		
CITY-ST-ZIP	SEBRING, FL 33870		
TITLE		☒ Change ☐ Addition	
NAME			
STREET ADDRESS	1929 OLIVE AVE		
CITY-ST-ZIP	SEBRING, FL 33870		
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 806, Florida Statutes.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 4/30/03 863-475-6588 305-293-5470 Daytime Phone	

CR2EC83 (10/02)