

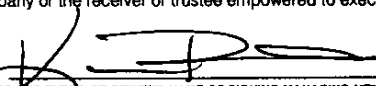


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90019 012 ****50.00

DOCUMENT # L04000077920 1. Entity Name EARTH SOY CANDLES, LLC					
Principal Place of Business 41 SLOWDRIFT TURN PALM COAST, FL 32164			Mailing Address 41 SLOWDRIFT TURN PALM COAST, FL 32164		
2. Principal Place of Business 1399 N. Oceanshore Blvd. Suite, Apt. #, etc.		3. Mailing Address 1399 N. Oceanshore Blvd. Suite, Apt. #, etc.			
City & State Flagler Beach, FL Zip 32136 Country USA		City & State Flagler Beach, FL Zip 32136 Country USA		4. FEI Number 20-1743920	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BARCOWSKI, KAREN 22 BURNELL DRIVE PALM COAST, FL 32137			7. Name and Address of New Registered Agent Name Karen Barchowski Street Address (P.O. Box Number is Not Acceptable) 1399 N. Oceanshore Blvd. City Flagler Beach FL Zip Code 32136		
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 Karen Barchowski  4-14-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARCOWSKI, KAREN 41 SLOWDRIFT TURN PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1399 N. Oceanshore Blvd. Flagler Beach, FL 32136		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOSTY, JOYCE 396 KENNEDY ST ISELIN, NJ 08330 <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		
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		
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		
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		
11. 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 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 608, Florida Statutes.					
SIGNATURE  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4-14-06 (386) 864-0641 <small>Date Daytime Phone #</small>		

Karen Barchowski, Manager