


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90012 048 \*\*\*150.00

<b>DOCUMENT # M18091</b> 1. Entity Name <b>CANDACE, INC.</b>	
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Principal Place of Business <b>C/O DENO P. DIKEOU 549 WYMORE ROAD N. STE. 206 MAITLAND, FL 32751</b>	Mailing Address <b>C/O DENO P. DIKEOU 549 WYMORE ROAD N. STE. 206 MAITLAND, FL 32751</b>
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2. Principal Place of Business - No P.O. Box # <b>543 N. Wymore Road</b>	3. Mailing Address <b>543 N. Wymore Road</b>
Suite, Apt. #, etc. <b>Suite #106</b>	Suite, Apt. #, etc. <b>Suite #106</b>
City & State <b>Maitland, FL 32751</b>	City & State <b>Maitland, FL 32751</b>
Zip <b>32751</b>	Country <b>USA</b>

40026061



01292008 Chg-P CR2E034 (12/06)

4. FEI Number <b>84-0469781</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>DIKEOU, DENO P. 549 WYMORE RD. N SUITE 206 MAITLAND, FL 32751</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>543 N. Wymore Road</b> Suite #106 City <b>Maitland</b> FL Zip Code <b>32751</b>
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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.

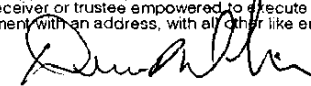
SIGNATURE \_\_\_\_\_ DATE **1/29/08**

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDS DIKEOU, DENO P. 549 WYMORE RD. N. STE. 206 MAITLAND, FL 32751</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>address 543 N. Wymore Road, Suite #106 Maitland, FL 32751</b> <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:**  **1/29/08** **407-830-4888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #