2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004513

City-St-Zip:

Entity Name: THE GIFT OF CANDI, INC.

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3322 CASSEEKEY ISLAND RD SOUTHPORTE 104 JUPITER, FL 33477 **New Mailing Address: Current Mailing Address:** 3322 CASSEEKEY ISLAND RD SOUTHPORTE 104 JUPITER, FL 33477 FEI Number: 26-2682799 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VANIGLIA, WENDY S 3322 CASSEEKEY ISLAND RD SOUTHPORTE 104 JUPITER, FL 33477 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete VANIGLIA, WENDY S Name: Name: 3322 CASSEEKEY ISLAND RD #104 Address: Address: City-St-Zip: JUPITER, FL 33477 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MUNRO, JENNIFER L Name: Address: 618 MASTERS WAY Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: Title: TREA () Delete Title: SECR (X) Change () Addition HIELEMA, DANA HIELEMA, DANA Name: Name: 100 INTRACOSTAL PLACE 100 INTRACOSTAL PLACE Address: Address: City-St-Zip: TEQUESTA, FL 33469 City-St-Zip: TEQUESTA, FL 33469 () Delete Title: Title: TREA () Change (X) Addition Name: Name: PETERS, EDWARD 3322 CASSEEKEY ISLAND RD #104 Address: Address: JUPITER, FL 33477

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: WENDY S. VANIGLIA **PRES** 04/07/2009