1. The

2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P01000083166** 02-21-2006 90021 023 ***150.00 CANDIPOTS, INC. Principal Place of Business Mailing Address 1206 VALENCIA LANE 1206 VALENCIA LANE AUBURNDALE, FL 33823 AUBURNDALE, FL 33823 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/05) 02082006 Applied For City & State 4. FEI Number City & State 59-3737163 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RHODA, FREDERICK Street Address (P.O. Box Number is Not Acceptable) 1206 VALENCIA LANE AUBURNDALE, FL 33823 City Zip Code 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. J. A. C. Change ☐ Addition TITLE □ Delete T171 F oda, Frederick FREDERICK, RHODA NAME NAME 1206 VALENCIA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AUBURNDALE, FL 338232364 CITY-ST-7IP ☐ Delete TITLE TITLE noda, Patricia 2016 Valencia Lar Fuburndale, FL MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 otherwise appropried. changed, or on an attachment

FILED

Feb 21, 2006 8:00 am

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