

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050140

Entity Name: CANDLES OF EDEN, INC.

FILED  
Apr 18, 2008  
Secretary of State

## Current Principal Place of Business:

10390 NW 18TH MNR  
PLANTATION, FL 33322

## New Principal Place of Business:

1844 NORTH NOB HILL ROAD  
SUITE 223  
PLANTATION, FL 33322

## Current Mailing Address:

10390 NW 18TH MNR  
PLANTATION, FL 33322

## New Mailing Address:

1844 NORTH NOB HILL ROAD  
SUITE 223  
PLANTATION, FL 33322

FEI Number: 91-2193407

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUHAMMAD, ROSALYNN  
10390 NW 18TH MANOR  
PLANTATION, FL 33322 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTV ( ) Delete  
Name: MUHAMMAD, ROSALYNN  
Address: 10390 NW 18TH MANOR  
City-St-Zip: PLANTATION, FL 33322

Title: D ( ) Delete  
Name: MUHAMMAD, ROSALYNN  
Address: 10390 NW 18TH MANOR  
City-St-Zip: PLANTATION, FL 33322

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: ROSALYNN MUHAMMAD

PSTV

04/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date