2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State
03-02-2007 90020 013 ***150.00

DOCUMENT # P06000012727

1. Entity Name
DESIGNER CANDLES INC.

Principal Place of Business	Mailing Address
1813 ANNAPOLIS AVE ORLANDO, FL 32826	1813 ANNAPOLIS AVE ORLANDO, FL 32826

01072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
FASHION SQUARE MALL KIOSK Suite, Apt. #, etc. 3201 E Colonial DR	4546 NW 13th St Suite, Apt. # etc. # 30
City & State ORLANDO FL	City & State Gainesville FL 32609
Zip 32803 Country	Zip Country

4. FEI Number
03-0581601
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HURST, LORI 1813 ANNAPOLIS AVE ORLANDO, FL 32826	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent.

SIGNATURE _____

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD HURST, LORI 1813 ANNAPOLIS AVE ORLANDO, FL 32826	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	This business opened on 4/5/06	☐ Change ☐ Add'l'on
TITLE NAME STREET ADDRESS CITY ST ZIP	VT HURST, LORI 1813 ANNAPOLIS AVE ORLANDO, FL 32826	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	And Closed permantly	☐ Change ☐ Add'l'on
TITLE NAME STREET ADDRESS CITY ST ZIP	S HURST, LORI 1813 ANNAPOLIS AVE ORLANDO, FL 32826	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	on 6/1/06.	☐ Change ☐ Add'l'on
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add'l'on
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add'l'on
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add'l'on

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: Lori Hurst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR