

2007 FOR PROFIT CORPORATION ANNUAL REPORT

04-20-2007 90073 020 ***150.00
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QUICK SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04182007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000129186					
1. Entity Name M&KCANDY.INC					
Principal Place of Business 1330 FT SMITH BLVD DELTONA, FL 32725 US			Mailing Address 1330 FT SMITH BLVD DELTONA, FL 32725 US		
2. Principal Place of Business - No P.O. Box # 229 Town Center Cir Suite, Apt. #, etc.			3. Mailing Address 229 Town Center Cir Suite, Apt. #, etc.		
City & State Sanford FL			City & State Sanford, FL		
Zip 32771		Country USA		4. FEI Number 20-5682297	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TOURKZI, ELMOSTAFA 1330 FT SMITH BLVD DELTONA, FL 32725			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P TOURKZI, ELMOSTAFA 1330 FT SMITH BLVD DELTONA, FL 32725 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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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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 fees empowered.					
SIGNATURE:			04-18-07 321 460 2102		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		