2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 06, 2006 08:00 AM Secretary of State DOCUMENT # P97000015249 1. Entity Name CANDY'S CLASSIC TOUCHOF KATHLEEN, INC. Principal Place of Business Mailing Address 2969 DUFF RD 2969 DUFF RD LAKELAND, FL 33810 LAKELAND, FL 33810 CR2E034 (11/05) 02032006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3436395 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE VANN, CANDY K 4312 GENVIEW DRIVE LAKELAND, FL 33810 IN THIS SPACE 3. 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaion 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 10. OFFICERS AND DIRECTORS MLE **PSD** VANN, CANDY K MANTE 4312 GLENVIEW DRIVE STREET ADDRESS LAKELAND, FL 33810 GITY-ST-ZIP VTD TITLE NAME VANN, THIMAS E III 4312 GLENVIEW DRIVE STREET ADDRESS CRY-ST-ZIP LAKELAND, FL 33810 TITLE STREET ADDRESS DO NOT WRITE City-St-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE

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 tracee 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 adjuddress, with all other like empowered.

SIGNATURE:

NAME STREET ADORESS CITY-ST-ZIP

READ HAND HAND OF FORESTOR PROTECTOR AND VOAN

3/3/01

FILED

863-858-881