

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000031937

FILED
Jan 10, 2006
Secretary of State

Entity Name: BRIGHT GLOW CANDLE CORP.

Current Principal Place of Business:

BRITE GLOW CANDLE CORP.
3645 NW 74TH ST
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

BRITE GLOW CANDLE CORP.
5951 VARIEL AVENUE
WOODLAND HILLS, CA 91367 US

New Mailing Address:

BRIGHT GLOW CANDLE CORP
110 ERIE ST.
POMONA, CA 91768 US

FEI Number: 91-1902696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALCEDO, RICARDO
3645 NW 74TH ST
MIAMI, FL 33147 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: P () Delete
Name: ALCEDO, RICARDO
Address: 3645 NW 74TH ST
City-St-Zip: MIAMI, FL 33147

Title: S () Delete
Name: ALCEDO, VIRGINA
Address: 3645 NW 74TH ST
City-St-Zip: MIAMI, FL 33147

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 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: RICHARD ALCEDO

P

01/10/2006

Electronic Signature of Signing Officer or Director

_____ Date