

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000045717

FILED  
Apr 13, 2012  
Secretary of State

**Entity Name:** TRANSCENDENT GROUP HOLDING INC.

**Current Principal Place of Business:**

2909 W. BAY TO BAY BLVD.  
SUITE 208  
TAMPA, FL 33611

**New Principal Place of Business:**

KUNGSGATAN 42  
2 TR  
STOCKHOLM SWEDEN, XX SE-11135 XX

**Current Mailing Address:**

2909 W. BAY TO BAY BLVD.  
SUITE 208  
TAMPA, FL 33611

**New Mailing Address:**

KUNGSGATAN 42  
2 TR  
STOCKHOLM SWEDEN, XX SE-11135 XX

**FEI Number:** 59-3719632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ARNDT, WILHELM  
Address: VATTUGATAN 15, 10TR  
City-St-Zip: STOCKHOLM SWEDEN, - 11152

Title: T  
Name: JUVAS, MAGNUS  
Address: KATARINAVAGEN 1A  
City-St-Zip: OSTERSKOR SWEDEN, - 78451 S

Title: VP  
Name: MALM, MARTIN  
Address: ROSENDALSVAGEN 38  
City-St-Zip: VALLENTUNA SWEDEN, - 18633 S

Title: S  
Name: SANDSTROM, ANDERS  
Address: FLOTTARESTIGEN 56  
City-St-Zip: SOLLENTUNA SWEDEN, - 19251 S

I hereby 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 all other like empowered.

SIGNATURE: WILHEM ARNDT

P

04/13/2012

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

\_\_\_\_\_  
Date