2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 413321

City-St-Zip:

LONGWOOD, FL 32750

Entity Name: SCAN DESIGN OF FLORIDA, INC.

FILED Apr 14, 2009 Secretary of State

| | | EGIGIN OF TEGINES A, INVO. | | | |
|---|--|----------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
| | NETT DRIVE OD, FL 32750 | 6394 | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | NETT DRIVE OD, FL 32750 | 06394 | | | |
| FEI Number: | : 59-1428110 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 1153 BENI LONGWO | OD, FL 32750 | US | | | |
| | named entity: e of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | CEO (KNUDSEN, KNI 1153 BENNETT LONGWOOD, I | ΓDR. | Title: (Name: Address: City-St-Zip: |)Change ()Addition | |
| Title: Name: Address: City-St-Zip: | ST (KNUDSEN, LIS 1153 BENNETT LONGWOOD, I | ΓDR. | Title: (Name: Address: City-St-Zip: |)Change ()Addition | |
| Title: Name: Address: | P () KNUDSEN, JES 1153 BENNETI | | Title: (Name: Address: |) Change ()Addition | |

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: KNUD P KNUDSEN CEO 04/14/2009