2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006947

Title:

Name:

Address:

City-St-Zip:

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1 BEACH DRIVE SE-SUITE 220

ST. PETERSBURG, FL 33701

ANDERSSON, OLA

Entity Name: BO LINDHOLM FORVALTNING AB, INCORPORATED

FILED Apr 28, 2009 Secretary of State

LINE NAME. BO LINDHOLIM FOR VALTINING AB, INCORPORATED					
Current Principal Place of Business:				New Principal Place of Business:	
C/O THOMAS C. ROBERGE & COMPANY 1 BEACH DRIVE SE, SUITE 220 ST. PETERSBURG, FL 33701				1 BEACH DRIVE SE, SUITE 220 ST. PETERSBURG, FL 33701	
Current Mailing Address:				New Mailing Address:	
C/O THOMAS C. ROBERGE & COMPANY 1 BEACH DRIVE SE, SUITE 220 ST. PETERSBURG, FL 33701				1 BEACH DRIVE SE, SUITE 220 ST. PETERSBURG, FL 33701	
FEI Number:	98-0441392	FEI Number Applied	l For() FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
POSKUS, SUSAN I CPA 1 BEACH DRIVE SE, SUITE 220 ST. PETERSBURG, FL 33701 US				DOERR, CAROL CPA 1 BEACH DRIVE SE, SUITE 220 ST. PETERSBURG, FL 33701 US	
The above in the State		submits this stateme	ent for the purpose o	of changing its registered	d office or registered agent, or both,
SIGNATURE: CAROL DOERR, CPA				04/28/2009	
Electronic Signature of Registered Agent					Date
Election Cam	paign Financing	g Trust Fund Contribut	ion ().		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Address:	LINDHOLM, BO	E SE-SUITE 220		Title: Name: Address: City-St-Zip:	() Change () Addition
Address:	VCDV () LINDHOLM, EVA 1 BEACH DRIVE ST. PETERSBU	E SE-SUITE 220		Title: Name: Address: City-St-Zip:	() 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CAROL DOERR, CPA CPA 04/28/2009

() Change () Addition