## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000002278

Address:

City-St-Zip:

RONNEVANGS A119 #8

DK-3400 HILLEROD, DENMARK, OC

FILED Jan 04, 2008 Secretary of State

Entity Nam	ne: SCANI	MODUL SYSTEM I	NC.			
Current Principal Place of Business:				New Principal Place	of Business:	
400 OSER / HAUPPAUC						
Current Mailing Address:				New Mailing Address	s:	
400 OSER / HAUPPAUC						
FEI Number:	22-3197938	FEI Number App	lied For ( ) FEI	Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address o	Name and Address of New Registered Agent:	
SEILHEIMER, KYLE 13761 BLUESTONE LAKE CT. DAVIE, FL 33325 US				SCHREIFER, THOMA 2686 MACKLIN COUP PALM HARBOR, FL 3	RT	
The above in the State		y submits this state	ement for the purpos	e of changing its registere	d office or registered agent, or both,	
SIGNATURE: THOMAS SCHREIFER					01/04/2008	
Electronic Signature of Registered Agent					Date	
Election Cam	paign Financ	ing Trust Fund Contr	bution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LARSSON, K RONNEVANO		oc	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LARSSON, N RONNEVANO		oc	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	TD CLAUSSAN,	()Delete LARS		Title: Name:	( ) 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.

Address:

City-St-Zip:

SIGNATURE: KLAUS LARSSON PCD 01/04/2008