

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F80594

Entity Name: SCANCOR, INC.

FILED
Jan 24, 2009
Secretary of State

Current Principal Place of Business:

5270 GULF OF MEXICO DR.
STE 501
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

5270 GULF OF MEXICO DR.
STE 501
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 98-0053307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBRECHT, WILLIAM G.
200 S ORANGE AVE
SARASOTA, FL 34236 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: PTD () Delete
Name: JORGENSEN, PETER,
Address: 136 NORMANDIE
City-St-Zip: ST. LAMBERT, QUEBEC,

Title: SD () Delete
Name: JORGENSEN, METTE,
Address: 136 NORMANDIE
City-St-Zip: ST. LAMBERT, QUEBEC,

Title: D () Delete
Name: JORGENSEN, ANNEMETTE,
Address: 1288 CORDOVA STREET SUITE 1705
City-St-Zip: VANCOUVER, BC V6C 3R3

Title: D () Delete
Name: WILLIAMSON, TRISSE
Address: 1331 BENT CREEK RD
City-St-Zip: BOGART, GA 30621

Title: DV () Delete
Name: JORGENSEN, STEEN,
Address: 136 NORMANDIE
City-St-Zip: ST. LAMBERT, QUEBEC,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILLIAMSON, TRISSE
Address: 1051 OLD FARM RD
City-St-Zip: WATKINSVILLE, GA 30677

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: PETER A. JORGENSEN

PRES

01/24/2009

Electronic Signature of Signing Officer or Director

Date