

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F90712

Entity Name: SCANDVIK, INC.

FILED
May 22, 2007
Secretary of State

Current Principal Place of Business:

423 4TH PLACE SW
VERO BEACH, FL 32962 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 68
VERO BEACH, FL 329610068 US

New Mailing Address:

FEI Number: 59-2257499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STALQUIST, P. JACOB
423 4TH PLACE SW
VERO BEACH, FL 32962 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STALQUIST, P. JACOB PRES
Address: 434 21ST PLACE SE
City-St-Zip: VERO BEACH, FL 32962

Title: VPD () Delete
Name: STALQUIST, ANNA K VPRES
Address: 940 TURTLE COVE LANE, #303
City-St-Zip: VERO BEACH, FL 32963

Title: SD () Delete
Name: BLACKMAN, PETRA K SEC
Address: 2731 CARISSA DR
City-St-Zip: VERO BEACH, FL 32960

Title: TD () Delete
Name: BLACKMAN, PETRA K TREAS
Address: 2731 CARISSA DRIVE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: BLACKMAN, PETRA K SEC
Address: 5490 CAMINO REAL LANE
City-St-Zip: VERO BEACH, FL 32967

Title: TD (X) Change () Addition
Name: BLACKMAN, PETRA K TREAS
Address: 5490 CAMINO REAL LANE
City-St-Zip: VERO BEACH, FL 32967

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: ANNA KI STALQUIST

VP

05/22/2007

Electronic Signature of Signing Officer or Director

Date