2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F90712

Entity Name: SCANDVIK, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 423 4TH PLACE SW VERO BEACH, FL 32962 US **Current Mailing Address: New Mailing Address:** 423 4TH PLACE SW VERO BEACH, FL 32962 US FEI Number: 59-2257499 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STALQUIST, ANNAKI 423 4TH PLÁCE SW VERO BEACH, FL 32962 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BLACKMAN, J. SEBASTIAN PRES BLACKMAN, J. SEBASTIAN PRES Name: Name: 423 4TH PLACE SW 423 4TH PLACE SW Address: Address: City-St-Zip: VERO BEACH, FL 32962 US City-St-Zip: VERO BEACH, FL 32962 US Title: VPD Title: () Delete () Change () Addition Name: STALQUIST, ANNAKI VPRES Name: 423 4TH PLACE SW Address: Address: VERO BEACH, FL 32962 US City-St-Zip: City-St-Zip: () Delete Title: Title: SD () Change () Addition BLACKMAN, PETRA K SEC Name: Name: 423 4TH PLACE SW Address: Address: City-St-Zip: VERO BEACH, FL 32962 City-St-Zip: Title: () Delete Title: () Change () Addition BLACKMAN, PETRA K TREAS Name: Name: Address: 423 4TH PLACE SW Address: City-St-Zip: VERO BEACH, FL 32962 City-St-Zip: Title: Title: () Delete () Change () Addition STALQUIST, P. JACOB DIRECTO Name: Name: 423 4TH PLACE SW Address: Address: City-St-Zip: VERO BEACH, FL 32962 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.

VΡ SIGNATURE: ANNAKI STALQUIST 04/14/2009