## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000000950

Title:

Name:

Address:

City-St-Zip:

( ) Delete

12788 WEST FOREST HILL BLVD

SPILLANE, JOHN P

WELLINGTON, FL 33414

FILED Jul 18, 2006 Secretary of State

Entity Nar	ne: SCANDII	NAVIAN PROFILING SYSTEM	S, INC.			
Current Pi	rincipal Place	e of Business:	New Prince	New Principal Place of Business:		
5449 MAUI MANGONI	LE WAY A PARK, FL 3	33407		3630 QUANTUM BLVD. BOYNTON BEACH, FL 33426		
Current M	ailing Addres	ss:	New Maili	New Mailing Address:		
5449 MAUI MANGONI	LE WAY A PARK, FL 3	33407		NTUM BLVD. I BEACH, FL 33426		
FEI Number:	16-1386258	FEI Number Applied For ( )	FEI Number Not App	icable ( ) Certificate of Statu	ıs Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
STE 2005 WELLING1	OREST HILL FON, FL 3341	4 US				
	named entity of Florida.	submits this statement for the	purpose of changing i	ts registered office or registered	agent, or both,	
SIGNATUF						
Electronic Signature of Registered Agent				Date		
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ( ).	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PS ( DANIEL, MICH 5449 MAULE V MAGNOLIA PA	VAY	Title: Name: Address: City-St-Zip:	PS (X) Change ( ) Addition DANIEL, MICHEL 3630 QUANTUM BLVD. BOYNTON BEACH, FL 33426	ı	
Title: Name: Address: City-St-Zip:	VP ( PETERSENS, , 5449 MAULE V		Title: Name: Address:	VP (X) Change ( ) Addition PETERSENS, JAN L 3630 QUANTUM BLVD.	ı	

I hereby certify that the information supplied with this filing does not qualify for the 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:	DANIEL MICHEL	PS	07/18/2006

() Change () Addition