


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2007 08:00 AM
Secretary of State**

DOCUMENT # J63868 1. Entity Name MCSWEDE INC.		
Principal Place of Business 960 N FEDERAL HWY POMPANO BEACH, FL 33062 US	Mailing Address % JOY SODERLUND 2721 N.E. 7TH STREET POMPANO BEACH, FL 33062	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SODERLUND, JOY 2721 N.E. 7TH STREET POMPANO BEACH, FL 33062		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		01042007 No Chg-P CR2E034 (11/05) 4. FEI Number 59-2828555 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SODERLUND, JOY 2721 N.E. 7TH STREET POMPANO BEACH, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SODERLUND, JAMES E JR 419 OAKLAND AVE INDIALANTIC, FL 32903	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Joy M Soderlund</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		01/10/07-80032-019 158.75 Date Daytime Phone #