


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L93000000417

1. Entity Name
 ITALASWEDE INTERNATIONAL, L.C.



Principal Place of Business
 840 N. ORLANDO AVE.
 WINTER PARK, FL 32789

Mailing Address
 203 LOOKOUT PLACE
 MAITLAND, FL 32751

2. Principal Place of Business - No P.O. Box #
 Suite, Apt #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country




07232007 Chg-LLC CR2E083 (12/06)

4. FEI Number
 59-3252152 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DE MARIA, FRANK
 7549 LODGE DOLE TRL
 WINTER PARK, FL 32792-9054



7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named Entity is authorized 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 _____ DATE 7/24/07

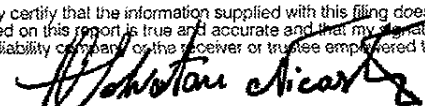
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NICASTRO, GIACOMO ORMBERG SVAGEN 10 117 67 STOCKHOLM, SWEDEN, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000770618 07/26/07-80005-016 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NICASTRO, SALVATORE ORMBERG SVAGEN 10 117 67 STOCKHOLM, SWEDEN, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NICASTRO, ANITA H ORMBERG SVAGEN 10 117 67 STOCKHOLM, SWEDEN, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE 7/26/07 407-539-1338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE