

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # M08812
1. Entity Name
AMERISWEDE HEALTH PRODUCTS, INC.

Principal Place of Business C/O DATA PROFESSIONALS, INC 3935 NW 38TH TERR LAUDERDALE LAKES, FL 33309 US	Mailing Address PO BOX 5046 FT LAUDERDALE, FL 33310 US
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04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2497816	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DATA PROFESSIONALS, INC.
3935 NW 38TH TERR
LAUDERDALE LAKES, FL 33309**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT SVENSSON, GLORIA G. 3935 N.W. 38TH TERR LAUDERDALE LAKES, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SVENSSON, LARS G. 3935 N.W. 38TH TERR LAUDERDALE LAKES, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARLIN, THOMAS P 3935 N.W. 38TH TERRACE LAUDERDALE LAKES, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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05/03/05-80032-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: LARS G. SVENSSON 4-28-05 954-731-4831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #