


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90216 045 \*\*\*150.00

**DOCUMENT # M11726**  
 1. Entity Name  
**STC - SCAN PRINT CORP., INC.**



Principal Place of Business  
**1881 N E 26TH ST SUITE 201  
 WILTON MANORS, FL 33305**

Mailing Address  
**1881 N E 26TH ST SUITE 201  
 WILTON MANORS, FL 33305**

40081400

2. Principal Place of Business  
**4725 N.E. 11th Avenue**

3. Mailing Address  
**4725 N.E. 11th Avenue**

Suite, Apt. #, etc.



05012006 Chg-P CR2E034 (11/05)

City & State  
**Oakland Park, FL**

City & State  
**Oakland Park, FL**

Zip  
**33334-3900**

Country  
**Broward**

4. FEI Number  
**59-2530199**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**ANDERSON, E.J.  
 1881 N.E. 26TH STREET, SUITE 201  
 WILTON MANORS, FL 33305**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**4725 N.E. 11th Avenue**  
 City  
**Oakland Park** **FL** Zip Code  
**33334**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	VSTD ANDERSON, E.J. 1881 N.E. 26TH ST STE 201 WILTON MANORS, FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GULDSTRAND, INGVAR G 3430 GALT OCEAN DR APT 702 FT LAUDERDALE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4725 N.E. 11th Avenue Oakland Park, FL 33334-3900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4725 N.E. 11th Avenue Oakland Park, FL 33334-3900
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: E. J. Anderson E. J. Anderson 5/1/06 954-938-1547  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #