2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N05000005864

Entity Name: SCANDINAVIAN BALTIC TRADE ASSOCIATION, INC.

Current Principal Place of Business:

11199-69TH STREET NORTH
LARGO, FL 33773

New Principal Place of Business:

Current Mailing Address:

11199-69TH STREET NORTH
LARGO, FL 33773

New Mailing Address:

FEI Number: 74-3168717 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARSON, HERBERT W
11199-69TH STREET NORTH
LARGO, FL 33773 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PDT (X) Delete
Name: FJELDBERG, ARNIE
Address: 4333 WESTWOOD DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: D ( ) Delete
Name: CHRISTENSEN, FRANTZ G
Address: 2655 6TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: SD ( ) Delete
Name: EWANOWSKI, STANLEY J
Address: 11199-69TH STREET NORTH
City-St-Zip: LARGO, FL 33773

Title: VPD ( ) Delete
Name: LARSON, HERBERT W
Address: 11199-69TH STREET NORTH
City-St-Zip: LARGO, FL 33773

Title: D ( ) Delete
Name: FISKAA, IVAR
Address: 1427 ENISWOOD PARKWAY
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete
Name: MOE, ATLE
Address: 1712 TANGLEWOOD DRIVE
City-St-Zip: ST. PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: LARSON, HERBERT W
Address: 11199-69TH STREET NORTH
City-St-Zip: LARGO, FL 33773

Title: DP (X) Change ( ) Addition
Name: FISKAA, IVAR
Address: 1427 ENISWOOD PARKWAY
City-St-Zip: PALM HARBOR, FL 34683

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERBERT W. LARSON T 01/06/2009
Electronic Signature of Signing Officer or Director — Date