


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06000009380</b> 1. Entity Name <b>SWEDISH SCHOOL OF TAMPA BAY INC.</b>	
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Principal Place of Business <b>15106 DEER MEADOW DRIVE LUTZ, FL 33559 US</b>	Mailing Address <b>15106 DEER MEADOW DRIVE LUTZ, FL 33559 US</b>
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**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-5490320</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
  
**THORNTON, LI A  
15106 DEER MEADOW DRIVE  
LUTZ, FL 33559**

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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 *Li Ansefelt Thornton* Li Ansefelt Thornton 1/22/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000637745 02/26/07-80073-012 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THORNTON, LI A 15106 DEER MEADOW DRIVE LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEELER, ANNICA 1145 17TH AVENUE NORTH ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SKANTZE, JOHAN C 8318 GOLDEN PRAIRIE DRIVE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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: *Li Ansefelt Thornton* Li Ansefelt Thornton 1/22/07 (813) 830-1045  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #