2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2007 8:00 am Secretary of State DOCUMENT # P00000076862 04-27-2007 90229 048 ***150.00 1. Entity Name SWEGO INT. INC. Principal Place of Business Mailing Address 7832 KAVANAGH CT 46 NORTH WASHINGTON BLVD. #1 SARASOTA, FL 34240 SARASOTA, FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 03062007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3669324 **.85**-3668324 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LPS CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 46 NORTH WASHINGTON BLVD. #1 SARASOTA, FL 34236 Zip Code 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. Signature, typed or printed game of registered agent and title ill applicable (NOTE: Registered Appet a poeture required when reinstation) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DPST Delete Change Addition TITLE TITLE NAME POTTER, WAYNE R MARAS STREET ADDRESS STREET ADDRESS 7832 KAVANAGH CT SARASOTA, FL 34240 C:TY-ST-ZIP CITY-ST-ZIP PSTD ☐ Change Addition TITLE ☐ Delete TITLE Anders Ebbeson NAME NAME 7832 Kavanagh of STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP Sarasota ☐ Change ☐ Delete TITLE ☐ Addition DITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this liling 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 trulter appropriate the proposered 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. President

Anders Ebbeson

SIGNATURE: _

4-24-07

FILED