


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000013327 1. Entity Name SWEDCON, INC.	
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Principal Place of Business 1602 REDWOOD GROVE TER LAKE MARY, FL 32746	Mailing Address 1602 REDWOOD GROVE TER LAKE MARY, FL 32746
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

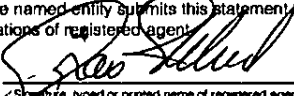
4. FEI Number 61-1443164	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**EKLUND, GORAN E
1602 REDWOOD GROVE TER
MOUNT DORA, FL 32756**

**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:  DATE: **1/08/08**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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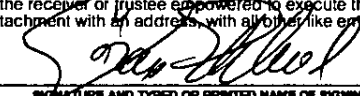
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EKLUND, GORAN F 1602 REDWOOD GROVE TER LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EKLUND, AGNETA E 1602 REDWOOD GROVE TER LAKE MARY, FL 32746
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/17/08-80036-020 150.00

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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 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:  DATE: **1/08/08** DAYTIME PHONE #: **(407) 804-9933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR