

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 05, 2006 08:00 A.
Secretary of State

DOCUMENT # P04000033446 1. Entity Name SCANDINAVIAN TRENDS, INC.	
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Principal Place of Business

755 GRAND BLVD. STE. 105-313
DESTIN, FL 32550

Mailing Address

755 GRAND BLVD. STE. 105-313
DESTIN, FL 32550

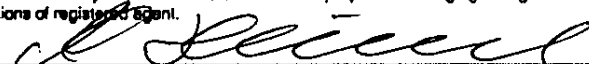
05012006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0802942Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SUNDBERG, WILLIAM L
107 W 5TH AVE
TALLAHASSEE, FL 32303**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: 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retreating)

(DAY)

U000000563111
05/19/06-80082-006 150.00**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$650.00**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	P HVITVED, MORTEN 755 GRAND BLVD. 105-313 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V HVITVED, VICTORIA C 755 GRAND BLVD. 105-313 DESTIN, FL 32550
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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 007, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment hereto, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORTEN HVITVED

05/01/2006

Date

850 321 1853

Daytime Phone #