

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082246

Entity Name: SDLS CORPORATION

FILED  
Aug 17, 2008  
Secretary of State

**Current Principal Place of Business:**

508 FINGER LAKES PLACE  
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 23202  
TAMPA, FL 33623

**New Mailing Address:**

FEI Number: 34-2048857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BERGKVIST, MATS  
508 FINGER LAKES PLACE  
SEFFNER, FL 33584 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BERGKVIST, MATS  
Address: 508 FINGER LAKES PLACE  
City-St-Zip: SEFFNER, FL 33584 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATS BERGKVIST

PRES

08/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date