

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000084519

FILED  
Apr 07, 2007  
Secretary of State

Entity Name: JPS VINLAND CORPORATION

**Current Principal Place of Business:**

4305 LAUREL RIDGE CIRCLE  
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

4305 LAUREL RIDGE CIRCLE  
WESTON, FL 33331

**New Mailing Address:**

FEI Number: 20-2981940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEDERSEN, CLAUS  
4305 LAUREL RIDGE CIRCLE  
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PEDERSEN, CLAUS  
Address: 4305 LAUREL RIDGE CIRCLE  
City-St-Zip: WESTON, FL 33331

Title: VP ( ) Delete  
Name: SCHMIDT, MADIS  
Address: 17025 SW 39TH ST  
City-St-Zip: MIRAMAR, FL 33027

Title: T ( ) Delete  
Name: JUEL, PETER  
Address: 7105.5 HILLSIDE AVE  
City-St-Zip: LOS ANGELES, CA 90046

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAUD BRIX PEDERSEN

MR

04/07/2007

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

\_\_\_\_\_  
Date