

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000085424

FILED
Apr 17, 2009
Secretary of State

Entity Name: SCANTRADE ENTERPRISES, INC.

Current Principal Place of Business:

10206 TARPON DR
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

10206 TARPON DR
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 20-3012214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLIS ACCOUNTING SERVICES
3172 54TH ST N
ST PETERSBURG, FL 33710 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: KLAS, NORRHED
Address: 10206 TARPON DR
City-St-Zip: TREASURE ISLAND, FL 33706

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NORRHED, KLAS
Address: 10206 TARPON DR
City-St-Zip: TREASURE ISLAND, FL 33706

Title: MGR () Change (X) Addition
Name: TRACY_NORRHED, KIMBER
Address: 10206 TARPON DR
City-St-Zip: TREASURE ISLAND, FL 33706

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: KLAS NORRHED

P

04/17/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date