## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P07000040260



## FILED Apr 10, 2008 8:00 am Secretary of State

SIGNATURE     Signature, hyper or purmost name of trogeneme agent and stor if application.   INDEE Regissional Agent signature (accurrent allowers)   DATE	9.525 CARDUSEL CIR E BOCA RATION, FL 33434 US  8. Thrombigh Places of Business Mo P.O. Glock   3. Making Address   5. Manual Andress   5. Manual A	DANISH	CONSTRUCTION CORPO				74-10-2008 900	J2J 04J	130.00				
Suite, Apt #, etc.  Suite, Apt #, etc.  Cry & State  Cry	Suite, Apt. #, etc   Suite,	9525 CAROL	JSEL CIR E	9525 CAROUSEL CIR E	9525 CAROUSEL CIR E		LITTUTELK	#8## #8## EE## 98## 8#	161 <b>42</b> 161 <b>46111 11</b>	18 filik Qilil 83			
City & State  Ci	City & State	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address									
Zo - 8 7 5 90 7	Zo	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		02212008	Chg-P	CR2E0	34 (12/06)			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SVENDSEN, JORGEN 9525 CARQUISEL CIR E BOCA RATON, FL 33434  City FL Zio Code  Stream Address & (P.C. 85x Northber is NSX ASS86/38/86/86)  City FL Address & (P.C. 85x Northber is NSX ASS86/38/86/86)  City FL Zio Code  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonds. I sm familier with, and accept the obligations of registered agent.  SIGNATURE Septime, fixed to internal times of registered agent and the purpose of changing its registered office or registered agent, or both, in the State of Fonds. I sm familier with, and accept the obligations of registered agent.  SIGNATURE Septime, fixed to internal times of registered agent and the State of Fonds. I sm familier with, and accept time obligations of registered agent.  SIGNATURE Septime, fixed on internal times of registered agent.  OFFICERS AND DIRECTORS.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ADDITION	S. Certificate of Satisus Despreed   S. Certif	City & Stat	е	City & State			4. FEI Number 20-8	759077		<u> </u>			
Name	Name   Street Address (P.O. Box Number is Not Address able)   Street Address (P.O. Box Number is Not Address able)	Zip	Country	Zip	Counti	ry	5. Certificate	of Status Desired					
SYENDSEN, JORGEN 9525 CAROUSEL CIR E BOCA RATON, FL 33434  6. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature February 1, 2008 Fee will be \$550.00  P. Election Campaign Financing Agent agent-virulent when remissaring the Addition of Symbolish Research agent and the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida agent, or both, in the State of Florida agent, or both, in	SVENDSEN, JORGEN 9526 CAROUSEL CIRE 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Flonds. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  Trust Func Contribution.  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND		6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered A	gent			
Street Address (P.O. Box Number is Not Acceptable)	Sireet Address (P.O. Box Numider is Not Acceptable)  City FL Zio Code  City Fl Zio C					Name							
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B. 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  Signilus, types or primed rame of registered agent and site if application.  PILE NOWITI FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II.  MAKE  SIRET ADDRESS  CITY-S1-2P  Delete  TITLE  OS  SIRET ADDRESS  CITY-S1-2P  TITLE  NAME  SIRET ADDRESS  CITY-S1-2P  TITLE  NAME  SIRET ADDRESS  CITY-S1-2P  Delete  TITLE  NAME  SIRET ADDRESS  CITY-S1-2P  TITLE  OBER  TITLE  NAME  SIRET ADDRESS  CITY-S1-2P  Delete  TITLE  NAME  SIRET ADDRESS  CITY-S1-2P  CITY-S1-2P  Change Addition  Addition  NAME  SIRET ADDRESS  CITY-S1-2P  CITY-S1-2P  CHANGE  CITY-S1-2P  CHANGE  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  COMMAN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  COMMAN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  COMMAN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  COMMAN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  COMMAN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  COMMAN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ADDITIONS/CHANGES	8. The above named entity submits this statement for the purpose of changing its registered diffuse or registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature for partition of common account of the purpose of changing its registered diffuse or registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent.  I am familiar with, and accept the obligations of registered agent.  I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent.  I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent.  I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent.  I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am familiar with, and accept the control of t	BOCA RA	TON, FL 33434				•	·			•		
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Thereby certify that the information supplied with first fluid does not quality 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 697, 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date