



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P26201 1. Entity Name SCANAMERICAN HOLDINGS CORPORATION		
Principal Place of Business 369 N NEW YORK AVE 3RD FLOOR WINTER PARK, FL 32789 US	Mailing Address 369 N NEW YORK AVE 3RD FLOOR WINTER PARK, FL 32789 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BUILDER JR, J LINDSAY 369 N NEW YORK AVE 3RD FL ORLANDO, FL 32789		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<div style="display: flex; justify-content: space-between;"> <div> \$5.00 May Be Added to Fees </div> <div style="text-align: right;"> 100000428763 02/21/06-80061-007 150.00 </div> </div>
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	SJOSTROM, OLOF	
STREET ADDRESS	BLASIEHOLMSGATAN 4A	
CITY-ST-ZIP	S-103 29 STOCKHOLM, SW	
TITLE	STD	
NAME	BOSELL, JAN-AKE	
STREET ADDRESS	BOX 10 221	
CITY-ST-ZIP	100 55 STOCKHOLM, SW	
TITLE	P	
NAME	JOHANNES, DALE	
STREET ADDRESS	1551 WATERWITCH DR.	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 607, 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.		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> SIGNATURE:  </div> <div style="width: 35%; text-align: right;"> Dale Johannes 2-8-06 407-850-0796 </div> </div> <div style="display: flex; justify-content: space-between; font-size: 8px; margin-top: 5px;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # </div>		