

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000023349

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: LTAB INTERNATIONAL, INCORPORATED

**Current Principal Place of Business:**

15200 SANTA FEE DRIVE  
#101 (PEAK INV. LLC)  
LENEXA, KS 66219 US

**New Principal Place of Business:**

**Current Mailing Address:**

15200 SANTA FEE DRIVE  
#101 (PEAK INV. LLC)  
LENEXA, KS 66219 US

**New Mailing Address:**

FEI Number: 65-0412260      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BEHRENS, GREGG  
210 MCLEAN POINTE WEST  
WINTER HAVEN, FL 338844135 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: GEIDEN, MATT W.F.  
Address: KLIPPUDDSSTIGEN 4  
City-St-Zip: LIDINGOE, SW 11865 OC

Title: VP ( ) Delete  
Name: KANTUS, JEFF  
Address: BREDGATAN 27  
City-St-Zip: LUND, SW 22221 OC

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

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

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

Title: VP (X) Change ( ) Addition  
Name: KANTUS, JEFF  
Address: SKEPPARGATAN 29A  
City-St-Zip: STOCKHOLM, SW 11452 OC

Title: DIR ( ) Change (X) Addition  
Name: KOEHLER, DIRK  
Address: PILLAUER STRASSE 2  
City-St-Zip: NEERMOOR, GE 26802 OC

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: MATT GEIDEN

P

02/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date