## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000037004

Entity Name: SCANDINAVIAN COVERS, INC.

FILED May 16, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

2716 FORSYTH RD 350 ORANGE LANE

107 1000

WINTER PARK, FL 32792 US CASSELBERRY, FL 32707 US

Current Mailing Address: New Mailing Address:

2716 FORSYTH RD 350 ORANGE LANE

107 1000

WINTER PARK, FL 32792 US CASSELBERRY, FL 32707 US

FEI Number: 59-3179218 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KLEINBERGER, STEVEN

1411 EL CAJON COURT

DANIEL C, FREEMAN

128 OXFORD RD.

WINTER SPRINGS, FL 32708 US CASSELBERRY, FL 32730 US

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: DANIEL FREEMAN 05/16/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 FAZECAS, JULIANA
 Name:
 FAZECAS, JULIANA

 Address:
 2716 FORSYTH RD STE 107
 Address:
 350 ORANGE LANE, SUITE # 1000

 City-St-Zip:
 WINTER PK, FL 32792
 City-St-Zip:
 CASSELBERRY, FL 32707

Title: P ( ) Delete Title: P (X) Change ( ) Addition

Name: FAZECAS, MIHAI Name: FAZECAS, MIHAI

Address: 2716 FORSYTH RD STE 107 Address: 350 ORANGE LANE ,SUITE # 1000 City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: CASSELBERRY, FL 32707

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: JULIANA FAZECAS V.P 05/16/2007