2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000043058

Name:

Address:

City-St-Zip:

FILED Jul 03, 2008 Secretary of State

Entity Nan	ne: SCANDIN	AVIAN I	MICRO SYSTEMS, INC	.			
Current Principal Place of Business:				New P	New Principal Place of Business:		
SUITE 101	NA MILE BLVC RDALE, FL 33		US				
Current Mailing Address:				New M	New Mailing Address:		
2800 MARINA MILE BLVD SUITE 101 FT. LAUDERDALE, FL 33312 US							
FEI Number:	65-0666285	FEI Nu	mber Applied For()	FEI Number Not	Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name	Name and Address of New Registered Agent:		
BERGMAN, A. C 7451 W OAKLAND PARK BLVD LAUDERHILL, FL 33319 US				2800 M SUITE	STEINSLAND, ODDBJORN 2800 MARINA MILE BLVD SUITE 101 FT. LAUDERDALE, FL 33312 US		
The above in the State		ubmits t	this statement for the p	urpose of changi	ng its registere	ed office or registered agent, or both,	
SIGNATURE: ODDBJORN STEINSLAND					07/03/2008		
Electronic Signature of Registered Agent				nt	Date		
			S., the corporation did not and Contribution ().	receive the prior r	notice.		
OFFICERS AND DIRECTORS:				ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () STEINSLAND, O 2800 MARINA M FORT LAUDERE	IILE BLV	SUITE 101	Title: Name: Address: City-St-Z		() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () BERGMAN, A C 7451 W OAKLAN LAUDERHILL, FI		BLVD	Title: Name: Address: City-St-Z	2800 MAR	(X) Change()Addition ND, ODDBJORN NA MILE BLVD SUITE 101 DERDALE, FL 33312	
Title:	()	Delete		Title:	SD	() Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

STEINSLAND, ODDBJORN 2800 MARINA MILE BLVD SUITE 101

FORT LAUDERDALE, FL 33312

SIGNATURE: ODDBJORN STEINSLAND PD 07/03/2008