

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000083348**

1. Entity Name  
 AUTOFLAME SCANDANAVIA, INC.



|  |   |
|--|---|
| Principal Place of Business<br>323-10TH AVE. W.<br>#303<br>PALMETTO, FL 34221 US | Mailing Address<br>P.O. BOX 570<br>PALMETTO, FL 34220 |
|--|---|



04192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-3453493                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

MCKINNEY, S. KEITH JR  
 605 - 75TH AVE  
 ST. PETERSBURG BEACH, FL 33706

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>DAHL, LEIF<br>PO BOX 570<br>PALMETTO, FL 34220            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>LIMBERG, STACEY H<br>4403 7TH ST E 8<br>ELLENTON, FL 34222 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

U00000722932  
 05/02/07-80050-025 150.00

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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.

**SIGNATURE:** *Stacey H Limberg* *Stacey H Limberg* 4/20/07 9417223412  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #