

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000102469

Entity Name: SCANDINAVIAN WOOD DESIGN, INC.

FILED  
Apr 30, 2005  
Secretary of State

## Current Principal Place of Business:

9171 VINEYARD LAKE DRIVE  
PLANTATION, FL 33324

## New Principal Place of Business:

P.O. BOX 21671  
FORT LAUDERDALE, FL 33335

## Current Mailing Address:

9171 VINEYARD LAKE DRIVE  
PLANTATION, FL 33324

## New Mailing Address:

P.O. BOX 21671  
FORT LAUDERDALE, FL 33335

FEI Number: 65-0799465

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARLTON MATTSSON, KATHLEEN  
9171 VINEYARD LAKE DRIVE  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

MATTSSON, MICHAEL  
P.O. BOX 21671  
FORT LAUDERDALE, FL 33335 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: MICHAEL MATTSSON

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: MATTSSON, M  
Address: 9171 VINEYARD LAKE DR  
City-St-Zip: PLANTATION, FL 33321

Title: VT (X) Delete  
Name: MATTSSON, KC  
Address: 9171 VINEYARD LAKE DR  
City-St-Zip: PLANTATION, FL 33324

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: MATTSSON, M  
Address: P.O. BOX 21671  
City-St-Zip: FORT LAUDERDALE, FL 33335

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL MATTSSON

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date