


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90030 004 ***150.00

DOCUMENT # P99000053633	
1. Entity Name SCAN DESIGN OF ALTAMONTE SPRINGS, INC.	

Principal Place of Business 1153 BENNETT DRIVE LONGWOOD, FL 32750-6394	Mailing Address 1153 BENNETT DRIVE LONGWOOD, FL 32750-6394
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DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3581355	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNUDSEN, K.P.
1153 BENNETT DR.
LONGWOOD, FL 32750

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNUDSEN, PREBEN 1153 BENNETT DRIVE LONGWOOD, FL 327506394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, GREG 1153 BENNETT DRIVE LONGWOOD, FL 327506394
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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:  **Preben Knudsen** 1/30/06 407-831-6633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #