

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000053633

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: SCAN DESIGN OF ALTAMONTE SPRINGS, INC.

**Current Principal Place of Business:**

1153 BENNETT DRIVE  
LONGWOOD, FL 327506394

**New Principal Place of Business:**

999 DOUGLAS AVENUE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

1153 BENNETT DRIVE  
LONGWOOD, FL 327506394

**New Mailing Address:**

FEI Number: 59-3581355      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

KNUDSEN, KNUD P D  
1153 BENNETT DR.  
LONGWOOD, FL 32750      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: KNUD P. KNUDSEN      04/23/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: KNUDSEN, PREBEN  
Address: 1153 BENNETT DRIVE  
City-St-Zip: LONGWOOD, FL 327506394

Title: D      ( ) Delete  
Name: STONE, GREG  
Address: 1153 BENNETT DRIVE  
City-St-Zip: LONGWOOD, FL 327506394

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: KNUDSEN, KNUD P  
Address: 1153 BENNETT DRIVE  
City-St-Zip: LONGWOOD, FL 327506394

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

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: KNUD P. KNUDSEN      D      04/23/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date