


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90051 013 ***150.00

DOCUMENT # P04486 1. Entity Name SUECIA INSURANCE COMPANY	
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Principal Place of Business 25 SMITH STREET NANUET, NY 10954 US	Mailing Address 25 SMITH STREET NANUET, NY 10954 US
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40012004



DO NOT WRITE IN THIS SPACE

01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3031274	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

CHIEF FINANCIAL OFFICER
 PO BOX 6200 32314-6200
 200 E. GAINES ST.
 TALLAHASSEE, FL 32399

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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 NAME STREET ADDRESS CITY-ST-ZIP	CD PEDERSEN, ZAID VALEVAGEN 5B DJURSHOLM, SWEDEN, s18261
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORAN, FAXNER GOLFBVAGEN 17 DANDERYD, SWEDEN, S-1827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOBSON, GORDON 335 W SHORE DR WYCKOFF, NJ 07481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOTTESMAN, SCOTT 6 HARRISON COURT CORTLANDT MANOR, NY 10567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAHLING, E. GUNTER 49 HEMLOCK DRIVE SLEEPY HOLLOW, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALY, J. LEO 763 PAPE AVENUE TORONTO, ON m4k3t2

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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 addresses, with all other like empowered.

SIGNATURE: SECRETARY SCOTT GOTTESMAN 1/21/07 845-624-7780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40612064
P04486

SUECIA INSURANCE COMPANY
CORPORATION ANNUAL REPORT 2006 TO
FLORIDA DEPARTMENT OF STATE

Continuation of Item 10

Officers and Directors

Maria Rosqvist Croce	D	12 Terrace Road	Wayne, NJ 07470
Peter Mazurek	D	605 Gladys Court	Northvale, NJ 07647
Josianne Leveille	D	6 Paul Court	Tappan, NY 10983
Howell, William H.	D	32 Briarwood Court	Princeton, NJ 08540
Mark, Arne Erik	D	56 North Main Street	Essex, CT 06426
Murphy, George W.	D	22 Dorchester Road	Rockville Ctr, NY 11570
Rein, Alan John	D	72 Brook Hills Circle	White Plains, NY 10605