

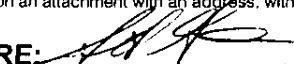


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90025 004 ***150.00

DOCUMENT # P04486							
1. Entity Name SUECIA INSURANCE COMPANY							
Principal Place of Business 25 SMITH STREET NANUET, NY 10954 US		Mailing Address 25 SMITH STREET NANUET, NY 10954 US		4000 -			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	01252008	Chg-P	CR2E034 (12/06)	
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			7. Name and Address of New Registered Agent				
CHIEF FINANCIAL OFFICER PO BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PEDERSEN, ZAID	NAME					
STREET ADDRESS	VALEVAGEN 5B	STREET ADDRESS					
CITY-ST-ZIP	DJURSHOLM, SWEDEN, s18261	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GORAN, FAXNER	NAME					
STREET ADDRESS	GOLFOVAGEN 17	STREET ADDRESS					
CITY-ST-ZIP	DANDERYD, SWEDEN, S-1827	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DOBSON, GORDON	NAME					
STREET ADDRESS	335 W SHORE DR	STREET ADDRESS	14 ALPINE DRIVE				
CITY-ST-ZIP	WYCKOFF, NJ 07481	CITY-ST-ZIP	NORTH HALEDON, NJ 07508				
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GOTTESMAN, SCOTT	NAME					
STREET ADDRESS	6 HARRISON COURT	STREET ADDRESS					
CITY-ST-ZIP	CORTLANDT MANOR, NY 10567	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DAHLING, E. GUNTER	NAME					
STREET ADDRESS	49 HEMLOCK DRIVE	STREET ADDRESS					
CITY-ST-ZIP	SLEEPY HOLLOW, NY	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DALY, J. LEO	NAME					
STREET ADDRESS	763 PAPE AVENUE	STREET ADDRESS					
CITY-ST-ZIP	TORONTO, ON m4k3l2	CITY-ST-ZIP					
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: 		SECRETARY SCOTT GOTTESMAN		1/25/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			
				845-624-7780			

ATTACHMENT 40014973
#P04486

SUECIA INSURANCE COMPANY
CORPORATION ANNUAL REPORT 2007 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	1600 Center Ave.	Fort Lee, NJ 07024
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