


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90217 036 ***150.00

DOCUMENT # F06000002186

1. Entity Name
SYNERGISTIC EDUCATIONAL ENVIRONMENTS, INC.



Principal Place of Business Mailing Address
1050 RIVERSIDE AVENUE **1050 RIVERSIDE AVENUE**
JACKSONVILLE, FL 32204 **JACKSONVILLE, FL 32204**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4745 Sutton Park Ct. **same as # 2**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste 602

City & State City & State
Jacksonville, FL

Zip Country Zip Country
32224

40083800



04242007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

MANTLE, RAY
1050 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
4745 Sutton Park Ct.
Ste 602
 City **Jacksonville** **FL** Zip Code **32224**

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	C	<input type="checkbox"/> Delete
NAME	SCALLAN, L. JOE	
STREET ADDRESS	105 MELROSE PLACE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	VC	<input type="checkbox"/> Delete
NAME	HARPER, DAVID	
STREET ADDRESS	201 ALHAMBRA CIRCLE, SUITE 900	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAULERSON, BOBBY	
STREET ADDRESS	993 SHIPWATCH DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARL HICKS, JR.	
STREET ADDRESS	320 POINT FOSDICK PL NW	
CITY-ST-ZIP	614 HARBOR, WA 98335	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: L. Scallan, Chair 4-24-07 904-821-9733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #