

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90047 036 ***150.00

DOCUMENT # P97000100757 1. Entity Name SYNERGY DEVELOPMENT CONSULTING, INC.	
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Principal Place of Business 11510 INTERCHANGE CIR N HOLLYWOOD, FL 33025	Mailing Address 11510 INTERCHANGE CIR N SUITE 305 <i>delete</i> HOLLYWOOD, FL 33025
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DO NOT WRITE IN THIS SPACE

01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0798677	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEDINA, ANDREW 11510 INTERCHANGE CIR N NORTH MIAMI BEACH, FL 33162
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**DO NOT WRITE
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 <i>[Signature]</i> 1/31/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEDINA, ANDREW 11510 INTERCHANGE CIR N HOLLYWOOD, FL 33025
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/31/07 305-692-5699 Date Daytime Phone #
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