


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90018 048 ***150.00

DOCUMENT # P97000100757

1. Entity Name
 SYNERGY DEVELOPMENT CONSULTING, INC.



Principal Place of Business
 11510 INTERCHANGE CIR N
 HOLLYWOOD, FL 33025

Mailing Address
 11510 INTERCHANGE CIR N
~~SUITE 305~~ delete
 HOLLYWOOD, FL 33025

40012577



DO NOT WRITE IN THIS SPACE

01172008 No Chg-P CR2E034 (11/05)

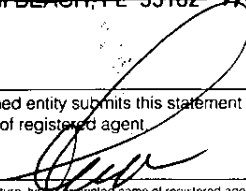
4. FEI Number 65-0798677	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDINA, ANDREW
 11510 INTERCHANGE CIR N
~~NORTH MIAMI BEACH, FL 33162~~ *Miyama FL 33025*

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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 *1/22/08*

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, 2008 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	P MEDINA, ANDREW 11510 INTERCHANGE CIR N HOLLYWOOD, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEDINA, YANIRA 11510 INTERCHANGE CIR N HOLLYWOOD, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZOBERG, STEVEN 11510 INTERCHANGE CIR N HOLLYWOOD, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANTAMARIA, RICHARD 11510 INTERCHANGE CIR N HOLLYWOOD, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 an address, with all other like empowered.

SIGNATURE:  DATE *1/22/08* Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR