

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000028014

FILED
Apr 21, 2005
Secretary of State

Entity Name: SYNERGIE WELLNESS PRODUCTS, INC.

Current Principal Place of Business:

415 CHESTNET
C
CARLSBAD, CA 92008

New Principal Place of Business:

15022 PASO DEL SOL
DEL MAR, CA 920144117 US

Current Mailing Address:

15022 PASO DEL SOL
DEL MAR, CA 920144117

New Mailing Address:

15022 PASO DEL SOL
DEL MAR, CA 920144117 US

FEI Number: 91-1853701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, EDWARD ESQ
54 SW BOCA RATON BLVD
BOCA RATON, FL 334324708 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PARKER, ROBERT L
Address: 415 CHESTNET, #C
City-St-Zip: CARLSBAD, CA 92008

Title: DST () Delete
Name: MERRICK, N. MUNRO
Address: 15022 PASO DEL SOL
City-St-Zip: DEL MAR, CA 920144117

Title: D () Delete
Name: BRETTE, MICHAEL N
Address: 15022 PASO DEL SOL
City-St-Zip: DEL MAR, CA 920144117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PARKER, ROBERT L
Address: 33057 FOX ROAD
City-St-Zip: TEMECULA, CA 92592

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: N. MUNRO MERRICK

VPST

04/21/2005

Electronic Signature of Signing Officer or Director

Date