

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90032 005 ***150.00

DOCUMENT # F03000000181 1. Entity Name SYNERGETIC DESIGN, INC.					
Principal Place of Business 3440 LAKEMONT BLVD. FORT MILL, SC 29708			Mailing Address P.O. BOX 7809 CHARLOTTE, NC 28241		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 36-4504461	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SUTTON, MICHAEL G 13621 NORTH FLORIDA AVE. TAMPA, FL 33613			7. Name and Address of New Registered Agent 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO TUTTLE, LEON 3440 LAKEMONT BLVD. FT. MILL, SC 29708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN OF THE BOARD ARNOULT, TIM 100 NORTH TRYON ST. CHARLOTTE, NC 28202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WILLIAMS, DAVID C 3440 LAKEMONT BLVD. FT. MILL, SC 29708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & CEO - DIRECTOR WILLIAMS, DAVID 3440 LAKEMONT BLVD FT. MILL, SC 29708-9243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. TUTTLE, SHEILA 3440 LAKEMONT BLVD. FT. MILL, SC 29708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER - DIRECTOR MC MAHAN, ED 100 NORTH TRYON ST. CHARLOTTE, NC 28202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER - DIRECTOR OKEN, MARC D. 100 NORTH TRYON ST. CHARLOTTE, NC 28202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO TALLEY, MIKE 3440 LAKEMONT BLVD FT. MILL, SC 29708-9243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>David C. Williams</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/28/2008 8:35:06472 Date Daytime Phone #		