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Aug 17, 2004 8:00 am
Secretary of State

08-17-2004 90002 014 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000004520

1. Entity Name
SYNERFAC, INC.

54068578

Principal Place of Business	Mailing Address
5950 HAZELINE NATIONAL DRIVE STE. 310 ORLANDO, FL 32822	5950 HAZELINE NATIONAL DRIVE STE. 310 ORLANDO, FL 32822

08052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5950 Hazeltine National Dr	5950 Hazeltine National Dr
Suite, Apt. #, etc.: Ste 310	Suite, Apt. #, etc.: Ste 310
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32822 Country:	Zip: 32822 Country:

4. FEI Number: 51-0302216 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LASHEY, MARK
5950 HAZELINE NATIONAL DRIVE
STE. 310
ORLANDO, FL 32822

7. Name and Address of New Registered Agent

Name: Cooper, David N
Street Address (P.O. Box Number is Not Acceptable): 5950 Hazeltine National Drive
Ste 310
City: Orlando FL Zip Code: 32822

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: David N Cooper, Controller 8/13/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	CEO	☒ Change ☐ Addition
NAME	LAFFERY, WILLIAM T		NAME	Lafferty, William T	
STREET ADDRESS	47 CLOUDS WAY		STREET ADDRESS	47 Clouds Way	
CITY-ST-ZIP	HOCKESSIN, DE 19707		CITY-ST-ZIP	Hockessin, DE 19707	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: William T Lafferty 8/13/2004 (302)324-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #