

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90071 040 \*\*\*150.00

<b>DOCUMENT # F04000001236</b>					
<b>1. Entity Name</b> PROSYNERGY CORPORATION					
<b>Principal Place of Business</b> 8131 ENGLISH ELM CIRCLE SPRING HILL, FL 34606			<b>Mailing Address</b> 8131 ENGLISH ELM CIRCLE SPRING HILL, FL 34606		
<b>2. Principal Place of Business</b> 15298 Hiburn St.		<b>3. Mailing Address</b> 15298 Hiburn St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Spring Hill FL		<b>City &amp; State</b> Spring Hill FL		<b>4. FEI Number</b> 91-1392275	
<b>Zip</b> 34604		<b>Country</b>		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ROTH, SANDRA R 8131 ENGLISH ELM CIRCLE SPRING HILL, FL 34606			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 15298 Hiburn St. City <b>Spring Hill</b> <b>FL</b> <b>Zip Code</b> <b>34604</b>		
<b>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.</b>  SIGNATURE: <u>Sandra Roth</u> <span style="float: right;">1-30-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PC	<b>NAME</b> ROTH, SANDRA R		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 8131 ENGLISH ELM CIRCLE	<b>CITY-ST-ZIP</b> SPRING HILL, FL 34606		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> VCV	<b>NAME</b> ROTH, DOUGLAS F		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 8131 ENGLISH ELM CIRCLE	<b>CITY-ST-ZIP</b> SPRING HILL, FL 34606		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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 empowerment.</b>					
<b>SIGNATURE:</b> <u>Sandra Roth</u>			1-30-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		