

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 21, 2008 08:00 AM  
Secretary of State

DOCUMENT # F04000004431

1. Entity Name  
KA TET SYNERGIES INC.



Principal Place of Business

77 PROSPECT STREET  
RIDGEFIELD, CT 06877

Mailing Address

77 PROSPECT STREET  
RIDGEFIELD, CT 06877



01312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
06-1498337  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRENNAN, MARTIN  
3055 GENOA LANE  
JUPITER, FL 33477

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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  
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	CP BRENNAN, MARTIN 77 PROSPECT STREET RIDGEFIELD, CT 06877
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BIANCULLI, FRANK 17 CONKLIN ST., STE 3 FARMINGDALE, NY 11735
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02/28/08-80055-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

*Martin W Brennan* MARTIN W BRENNAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #