

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005656

Entity Name: MEDSYNERGIES, INC.

FILED
Apr 17, 2008
Secretary of State

Current Principal Place of Business:

1255 CORPORATE DR 3RD FLOOR
IRVING, TX 75038

New Principal Place of Business:

Current Mailing Address:

1255 CORPORATE DR 3RD FLOOR
IRVING, TX 75038

New Mailing Address:

FEI Number: 75-2515691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: C () Delete
Name: HUTTON, WILLIAMS
Address: 1255 CORPORATE DR 3RD FLOOR
City-St-Zip: IRVING, TX 75038

Title: P () Delete
Name: THOMAS, JOHN R
Address: 1255 CORPORATE DR 3RD FLOOR
City-St-Zip: IRVING, TX 75038

Title: S () Delete
Name: MARSHALL, FRANK
Address: 1255 CORPORATE DR 3RD FLOOR
City-St-Zip: IRVING, TX 75038

Title: CFO () Delete
Name: MURRAY, WILLIAM P
Address: 1255 CORPORATE DR 3RD FLOOR
City-St-Zip: IRVING, TX 75038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: HUTTON, WILLIAM
Address: 1255 CORPORATE DR 3RD FLOOR
City-St-Zip: IRVING, TX 75038

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

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 exemption stated 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 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: WILLIAM P. MURRAY

CFO

04/17/2008

Electronic Signature of Signing Officer or Director

Date