

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006834

FILED
Jan 17, 2007
Secretary of State

Entity Name: SYNERGY CAPITAL MORTGAGE CORP.

Current Principal Place of Business:

27130 A PASEO ESPADA #1424
SAN JUAN CAPISTRANO, CA 92675

New Principal Place of Business:

Current Mailing Address:

27130 A PASEO ESPADA #1424
SAN JUAN CAPISTRANO, CA 92675

New Mailing Address:

FEI Number: 58-2679071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: CPT () Delete
Name: WILKINSON, RYAN
Address: 27130 A PASEO ESPADA #1424
City-St-Zip: SAN JUAN CAPISTRANO, CA 92675

Title: VCV () Delete
Name: BROWN, WILLIAM
Address: 27130 A PASEO ESPADA #1424
City-St-Zip: SAN JUAN CAPISTRANO, CA 92675

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: RYAN WILKINSON

PRES

01/17/2007

Electronic Signature of Signing Officer or Director

Date