


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000000267 1. Entity Name SYNERGY GROUP SE, INC.	
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Principal Place of Business 2466 SAND LAKE ROAD ORLANDO, FL 32809	Mailing Address 39400 WOODWARD AVENUE SUITE 190 BLOOMFIELD HILLS, MI 48304
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01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3324604	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PETRELLA, ENNIO 2466 SAND LAKE ROAD ORLANDO, FL 32809	DO NOT WRITE IN THIS SPACE
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KOJAIA, MIKE 39400 WOODWARD AVENUE, SUITE 250 BLOOMFIELD HILLS, MI 48304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VERMEULEN, WILLIAM A 39400 WOODWARD AVENUE, SUITE 190 BLOOMFIELD HILLS, MI 48304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETRELLA, ENNIO 39400 WOODWARD AVENUE, SUITE 190 BLOOMFIELD HILLS, MI 48304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOJAIA, C. MICHAEL 39400 WOODWARD AVENUE, SUITE 250 BLOOMFIELD HILLS, MI 48304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/19/08-80014-008 158.75

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-31-08** Daytime Phone #: **2487407400**