


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2005 08:00 AM
Secretary of State

DOCUMENT # K60294 1. Entity Name SIMPHONICS, INC.	
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Principal Place of Business 3226 N. FALKENBURG ROAD TAMPA, FL 33619 US	Mailing Address 3226 N. FALKENBURG ROAD TAMPA, FL 33619 US
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DO NOT WRITE IN THIS SPACE

05092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2939760	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LACK, LINDA J.
12608 LAKE HILLS DR
RIVERVIEW, FL 33569

**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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

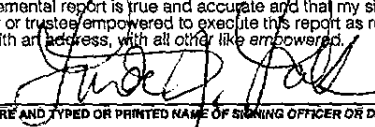
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000365396 05/10/05-80010-002 150.00
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JONES, STEPHEN W.
STREET ADDRESS	3226 N. FALKENBURG RD.
CITY - ST - ZIP	TAMPA, FL 33619
TITLE	VP
NAME	LACK, LINDA J.
STREET ADDRESS	12608 LAKEHILLS DR
CITY - ST - ZIP	RIVERVIEW, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **5-9-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #