

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005041

Entity Name: U-NEEK SYNERGY, INC.

FILED
May 01, 2005
Secretary of State

Current Principal Place of Business:

719 AURORA STREET
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

1610 S. FISKE BLVD., PMB 7015
ROCKLEDGE, FL 329552535

New Mailing Address:

FEI Number: 59-3649286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CALDWELL, BONITA REV./DR
719 AURORA STREET
COCOA, FL 32922 US

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

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: CANDWED, BONITA
Address: 719 AURORA AVE
City-St-Zip: COCOA, FL 32922

Title: VTD () Delete
Name: BOYD, NIKIA
Address: 719 AURORA AVE
City-St-Zip: COCOA, FL 32922

Title: SD () Delete
Name: WILLIAMS, NELLIE
Address: 719 AURORA AVE
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: CALDWELL, BONITA
Address: 719 AURORA AVE
City-St-Zip: COCOA, FL 32922

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV.DR. BONITA CALDWELL

PCD

05/01/2005

Electronic Signature of Signing Officer or Director

Date