

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003498

FILED
Apr 29, 2006
Secretary of State

Entity Name: COMMUNITY SYNERGY CORPORATION, INC.

Current Principal Place of Business:

3887 KITTY HAWK AVE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

3887 KITTY HAWK AVE
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 20-2664024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORD, LONA W
3887 KITTY HAWK AVE
ORLANDO, FL 32808 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FORD, LONA W
Address: P. O. BOX 10376
City-St-Zip: TALLAHASSEE, FL 32302

Title: D () Delete
Name: LOVE, QUANDRA M
Address: 3887 KITTY HAWK AVE
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: HENDERSON, PAM
Address: 7311 AMSTEAD CIRCLE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: QUANDRA M. LOVE

D

04/29/2006

Electronic Signature of Signing Officer or Director

Date