2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011315

Entity Name: ENSYNC MAC'S HOUSE, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1201 MERRITT STREET ALTAMONTE SPRINGS, FL 32701

Current Mailing Address: New Mailing Address:

1201 MERRITT STREET ALTAMONTE SPRINGS, FL 32701

FEI Number: 34-2025959 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCMILLON, CHRISTINE 973 UTICA STREET DELTONA, FL 32725 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:

Clastera is Cinneting of Decistors of August

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 ED (X) Change () Addition

 Name:
 MCMILLON, CHRISTINE
 Name:
 MCMILLON, CHRISTINE

 Address:
 973 UTICA DR
 Address:
 973 UTICA DR

 City-St-Zip:
 DELTONA, FL 32725
 DELTONA, FL 32725

Title: V () Delete Title: PM (X) Change () Addition

 Name:
 HALL, DEBORAH L
 Name:
 HALL, DEBORAH L

 Address:
 281 ENGLENOOK DR
 Address:
 281 ENGLENOOK DR

 City-St-Zip:
 DEBARY, FL
 City-St-Zip:
 DEBARY, FL

Title: D () Delete Title: RM (X) Change () Addition

 Name:
 MARRETT, SONIA V
 Name:
 MARRETT, SONIA V

 Address:
 1271 DUNBAR STREET
 Address:
 1271 DUNBAR STREET

City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: CHRISTINE MCMILLON ED 04/28/2005