2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2007
Secretary of State

DOCUMENT# N06000000971

Entity Name: GARDENS SYNCRO, INC.

Current Principal Place of Business:

3406 CAPRI ROAD
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

3406 CAPRI ROAD
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 20-4308537 **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:

EDDY, LIZA
3406 CAPRI ROAD
PALM BEACH GARDENS, FL 33410 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: DODGE, CHERYL
Address: 2044 S.W. MOCKINGBIRD LANE
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete
Name: EDDY, LIZA
Address: 3406 CAPRI ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete
Name: BABER, DEBI
Address: 3854 BUTTERCUP CIRCLE N.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete
Name: CARRERO, LANNY
Address: 12241 142ND CT N.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete
Name: WASKIEWICZ, TIM
Address: 14 GLENGARY ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418

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:

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 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: LIZA EDDY D 08/14/2007
Electronic Signature of Signing Officer or Director — Date