2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2009
Secretary of State

DOCUMENT# N06000008407

Entity Name: FLORIDA SYNERGY, INC.

Current Principal Place of Business:

18941 QUARRY BADGER ROAD
LAND O LAKES, FL 34638

New Principal Place of Business:

Current Mailing Address:

18941 QUARRY BADGER ROAD
LAND O LAKES, FL 34638

New Mailing Address:

FEI Number: 20-5368463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

SHEPHERD, GREGORY L
18941 QUARRY BADGER RD
120 NORTH COLLINS STREET
LAND O LAKES, FL 34638 US

Name and Address of New Registered Agent:

SHEPHERD, GREGORY L
18941 QUARRY BADGER RD
LAND O LAKES, FL 34638 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: _____ 05/24/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHEPHERD, GREGORY LEE
Address: 18941 QUARRY BADGER ROAD
City-St-Zip: LAND O LAKES, FL 34638

Title: D ( ) Delete
Name: CABLE, DONALD TELLER
Address: 4252 BEN BOULEVARD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: MARSH, JUSTIN EDWARD
Address: 2230 MARSHVIEW DRIVE #209
City-St-Zip: WESLEY CHAPEL, FL 33543

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 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: GREGORY SHEPHERD D 05/24/2009
Electronic Signature of Signing Officer or Director — Date