2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008
Secretary of State

DOCUMENT# N06000010685

Entity Name: SYNCRETA ASSOCIATES, INC.

Current Principal Place of Business:

6290 GRANDVIEW COURT
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

6290 GRANDVIEW COURT
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 20-5721676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANCHEZ, ROBERT C
2907 BAY TO BAY BLVD., SUITE 201
TAMPA, FL 33629 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:	PD	( ) Delete
Name:	GOULD, GINA C PHD	
Address:	6290 GRANDVIEW COURT	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	
Title:	D	( ) Delete
Name:	SEABROOK, LEE	
Address:	4320 W.UNIVERSITY AVENUE	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	D	( ) Delete
Name:	SMITH, MIRANDA	
Address:	10225 FREDERICK AVENUE, #315	
City-St-Zip:	KENSINGTON, MD 20895	
Title:	D	( ) Delete
Name:	THOMAS, KINNON	
Address:	1620 NW 68TH TERRACE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	D	( ) Delete
Name:	ALBERT, MONICA	
Address:	9115 SW 49TH PLACE	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	D	( ) Delete
Name:	BETTENHAUSEN, MARGARET	
Address:	202 NW SEMINALY AVENUE	
City-St-Zip:	MICANOPY, FL 32667	

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:	
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: GINA C. GOULD PD 03/18/2008

Electronic Signature of Signing Officer or Director — Date