

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003344

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** SYSTERGY, INC.

**Current Principal Place of Business:**

6960 20TH AVE N  
#109B  
ST. PETERSBURG, FL 33710-472

**New Principal Place of Business:**

5260 17TH AVE N  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

6960 20TH AVE N  
#109B  
ST. PETERSBURG, FL 33710

**New Mailing Address:**

5260 17TH AVE N  
ST. PETERSBURG, FL 33710

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

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

ROBERTSON, SARA E  
6960 20TH AVE N  
#109B  
ST. PETERSBURG, FL 33710 US

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

ROBERTSON, SARA E  
5260 17TH AVE N  
ST. PETERSBURG, FL 33710 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: \_\_\_\_\_ 04/12/2010  
Electronic Signature of Registered Agent                      Date

**OFFICERS AND DIRECTORS:**

Title: CFO  
Name: ROBERTSON, SARA E  
Address: 5260 17TH AVE N  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: CEO  
Name: ROBERTSON, THOMAS A  
Address: 17 S. CHESAPEAKE AVE  
City-St-Zip: PRINCE FREDERICK, MD 20678

Title: P  
Name: BASEL, DANA  
Address: 1402 ORANGE AVE  
City-St-Zip: BELLEAIR, FL 33756

I hereby 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 all other like empowered.

SIGNATURE: SARA ROBERTSON                      CFO                      04/12/2010  
Electronic Signature of Signing Officer or Director                      Date