


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P00000035313	
1. Entity Name SYNERGY ACQUISITIONS CORP.	

Principal Place of Business 790 SUMMA AVENUE WESTBURY, NY 11590	Mailing Address 790 SUMMA AVENUE WESTBURY, NY 11590
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04242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-2584993	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  STONE, STEPHEN M 725 NORTH MAGNOLIA AVENUE ORLANDO, FL 32803
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JAFFER, SADIQUE 790 SUMMA AVENUE WESTBURY, NY 11590
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAFFER, MAHAMEDTAKI 1738 BRIDGEWATER DRIVE LAKE MARY, FL 32746
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05/18/07-80059-006 150.00  
**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4/24/07 Date  
516-997-7197 Daytime Phone #

Sadique Jaffer