

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000044216

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Entity Name:** SYNERGISTIC TECHNOLOGIES I, INC.

**Current Principal Place of Business:**

815 EYRIE DR., STE 1A  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

815 EYRIE DR., STE 1A  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 52-2315137

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OWEN, CORINNA M  
7457 ALONA AVE  
STE 304  
WINTER PARK, FL 32792 US

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

OWEN, CORINNA M  
815 EYRIE DR., STE 1A  
STE 1A  
OVIEDO, FL 32765 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

06/12/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: OWEN, CORINNA M  
Address: 815 EYRIE DR., STE 1A  
City-St-Zip: OVIEDO, FL 32765

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CORINNA OWEN

PRES

06/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date