

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090701

FILED
Jul 27, 2006
Secretary of State

Entity Name: SYNERGY EDUCATIONAL THERAPEUTIC SYSTEMS, INC.

Current Principal Place of Business:

210 SOUTH MAGNOLIA AVENUE
SANFORD, FL 32710

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 952548
LAKE MARY, FL 32795

New Mailing Address:

FEI Number: 59-3747362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VU, HAN M
2116 CLUSTER BRANCH COURT
LONGWOOD, FL 32779 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VU, HAN M
Address: 2116 CLUSTER BRANCH COURT
City-St-Zip: LONGWOOD, FL 32779

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WOODRUFF, ALLEN C MR.
Address: 210 SOUTH MAGNOLIA AVE.
City-St-Zip: SANFORD, FL 327771

Title: VP () Change (X) Addition
Name: VU WOODUFF, HAN M MRS.
Address: 210 SOUTH MAGNOLIA AVE.
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN C WOODRUFF

P

07/27/2006

Electronic Signature of Signing Officer or Director

Date