2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000111708

1. Entity Name

PACIFIC SYNERGY INTERNATIONAL, INC.



FILED
Mar 20, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

13683 LITTLE HARBOUR CT JACKSONVILLE, FL 32225 13683 LITTLE HARBOUR CT JACKSONVILLE, FL 32225



03022007

No Chg-P

CR2E034 (11/05)

4. FEI Number 26-0051158

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

6. Name and Address of Current Registered Agent

HALLFORD, DIANNA O 13683 LITTLE HARBOUR CT JACKSONVILLE, FL 32225

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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				required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALLFORD, DIANNA O 13683 LITTLE HARBOUR CT JACKSONVILLE, FL 32225				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000673725 03/29/07-80040-017 158.75
TITLE NAME STREET ADDRESS CHY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-\$T-ZIP					
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 path; that I am an officer or director					

12. I nereby certify that the information supplied with this filling does not quality 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:

SNATING AND YEED OR SPINITED NAME OF SCANING OFFICER OR DO

Musch 9, 2007

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