

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P02000008543

1. Entity Name

SYNTRIS BUSINESS SYSTEMS, INC.



Principal Place of Business
2910 LAKE ARNOLD PL.
ORLANDO FL 32806

Mailing Address
2910 LAKE ARNOLD PL.
ORLANDO FL 32806

2. Principal Place of Business

4124-104 LAKE UNDERHILL RD

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 536852

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32803

Country

USA

City & State

ORLANDO, FL

Zip

32853

Country

USA

4. FEI Number

30-0020623

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ERICSON, STEPHEN
2910 LAKE ARNOLD PL. →
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name STEPHEN ERICSON

Street Address (P.O. Box Number is Not Acceptable)

4124-104 LAKE UNDERHILL RD

City

ORLANDO

FL

Zip Code 32803

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)

3/13/06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERICSON, STEPHEN 2910 LAKE ARNOLD PL. ORLANDO FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERICSON, STEPHEN 4124-104 LAKE UNDERHILL RD ORLANDO, FL, 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, JEREMY 2910 LAKE ARNOLD PL. ORLANDO FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

STEPHEN ERICSON 3/13/06

407-436-4662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Evening Phone #

50004513



1st MOORE CR2E034 (10/05)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90025 035 ***150.00