FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # Syneagy Benefits Consultion OL APR 30 AM 9: 28 SECHELATION STATE TALLAHASSEE. FLORIDA DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE TAMIAMI TRAILS City & State Applied For Not Applicable Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Ani TAN Sotei IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered ag it, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agen; January 1 - May 1 Fee to \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 for the receiver of tlustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an adortiess, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

GIGNATURE: VIEW AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

NAME

STREET ADDRESS

CITY-ST-ZIP

M(2004)