## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000021369  1. Entity Name SYNVEST PROPERTIES INC.					·	
Principal Place 33 PAXFORD BOYNTON BE		Mailing Address 33 PAXFORD LANE BOYNTON BEACH, FL 33426	·	  - 	ETEN MENDE HENN NIVER HANN BAND I DANAK IT TURK	
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DO NOT WRITE IN THIS SPAC			CE	05232005 No Chg-P  4. FEI Number 75-3015549	CR2E034 (10/03)  Applied For  Noi Applicable	
				5. Certificate of Status Desired	S8.75 Additional Fee Required	
<u> </u>	6. Name and Address of Current Re	gistered Agent	d Test	on opinion of humanical	- 1144, 2010 10 10 10 10 10 10 10 10 10 10 10 10	
PEARCE, DEWEY F 33 PAXFORD LANE BOYNTON BEACH, FL 33426			DO NOT WRITE IN THIS SPACE			
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. If am familiar with, and accept the obligations of registered agent.						
SIGNATURE Sonature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when refissating)  DATE						
FILE NOWILI FEE IS \$150.00  Due by September 7, 2005  P. Election Campaign Finance Trust Fund Contribution.				00 May 8e In accordance corporation d	e with s. 607.193(2)(b), F.S., the id not receive the prior notice.	
10.	OFFICERS AND DI	RECTORS	·			
Title Name Street Address City-St-Zip	PEARCE, DEWEY F 33 PAXFORD LANE BOYNTON BEACH, FL 33426					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U000 85/25/0	00368243 5-80001-015 150.00	
TITLE NAME				en green ee de de same		
STREET ADDRESS				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS S	PACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP					The annual section of the section of	
TITLE NAME STREET ADDRESS						
CITY-ST-ZIP			<u> </u>			
12. I hereby of indicated of the core	certify that the information supplied with it I on this report or supplemental report is tr poration or the receiver or trustee empow or on an attachment with an address, wit	is filing does not qualify for the exe ue and accurate and that my signa ered to execute this report as requi h all other like empowered.	Imption stated in Sector shall have the tred by Chapter 60	· · · · · · · · · · · · · · · · · · ·		
12. I hereby of indicated of the core	ORE:	is filing does not qualify for the exe ue and accurate and that my signal ered to execute this report as requi- h all other like empowered.	TV = 31*	· · · · · · · · · · · · · · · · · · ·	s. I further certify that the information of oath; that I am an officer or director or appears in Block 10 or Block 11 if SS SSI - 715 - SO Daylime Phone #	