

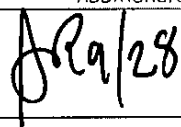


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000053847 1. Entity Name OZONE SYNERGY, INC.						FILED 05 SEP 27 PM 1:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7191 E. TROPICAL WAY PLANTATION, FL 33317				Mailing Address 7191 E. TROPICAL WAY PLANTATION, FL 33317			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number 03-0448153				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KRETSEDEMAS, ALEX N 3400 SW 26 TERR #A6/A7 FORT LAUDERDALE, FL 33319				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete KRETSEDEMAS, ALEX N 3400 SW 26TH TERR. STE A6/A7 FORT LAUDERDALE, FL 33319			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 200060085672 09/29/05--01058--016 **150.00		
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 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 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: Alex N. Kretsedemas ALEX N. KRETSEDEMAS 9-20-05 954-410-879 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

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2/22/05

P.O. Box 5243

FT. LAUDERDALE, FL. 33310

FFI - 030448153

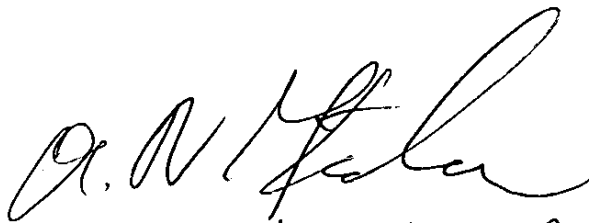
To:

FLORIDA DEPARTMENT OF STATE

Please be advised that
I did not receive

The Annual Registration
Report per schedule.

Sincerely



A.W. KRETSCHEMER

PRESIDENT