## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000075842

Entity Name: SYNERGY TRANSPORT, INC

FILED Feb 17, 2007 Secretary of State

JAIN, SANJIV 40234 TOWNSEND RD DADE CITY, FL 33526 US  The above named entity submits this statement for the purpose of changing its registered in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES  Title: P ( ) Delete Title: (	Business:
DADE CITY, FL 33526  Current Mailing Address:  PO BOX 2088 DADE CITY, FL 33525  FEI Number: 05-0542183  FEI Number Applied For ( )  Name and Address of Current Registered Agent:  Name and Address of DADE CITY, FL 33526  US  The above named entity submits this statement for the purpose of changing its registered in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Electron Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  Title:  P ( ) Delete  Title: ( ( ) TEI Number Not Applicable ( )	
PO BOX 2088 DADE CITY, FL 33525  FEI Number: 05-0542183 FEI Number Applied For ( ) FEI Number Not Applicable ( )  Name and Address of Current Registered Agent: Name and Address of  JAIN, SANJIV  40234 TOWNSEND RD  DADE CITY, FL 33526 US  The above named entity submits this statement for the purpose of changing its registered in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS: ADDITIONS/CHANGES  Title: P ( ) Delete Title: (	
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Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES  Title: P ( ) Delete Title: (	office or registered agent, or both,
OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES  Title: P ( ) Delete Title: (	
Title: P ( ) Delete Title: (	 Date
( )	Date
Name:         JAIN, SANJIV         Name:           Address:         P.O. BOX 2088         Address:           City-St-Zip:         DADE CITY, FL 33526         City-St-Zip:	Date  TO OFFICERS AND DIRECTORS:
Title:       ( ) Delete       Title:       VP (         Name:       Name:       JAIN, SEEMA         Address:       Address:       P.O. BOX 208         City-St-Zip:       City-St-Zip:       DADE CITY, F	<del></del>

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEEMA JAIN VP 02/17/2007