


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90193 024 \*\*\*150.00

<b>DOCUMENT # P02000079574</b> 1. Entity Name <b>SYNERGY ENTERTAINMENT GROUP, INC.</b>					
Principal Place of Business <b>1175 NE 125 ST SUITE 209 MIAMI, FL 33161</b>			Mailing Address <b>1175 NE 125 ST SUITE 209 MIAMI, FL 33161</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>51-0422005</b>	
City & State  Zip		City & State  Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MILLER, HOWARD R 4100 N.E. 2ND AVENUE SUITE 305 MIAMI, FL 33137</b>				7. Name and Address of New Registered Agent Name <b>Howard R. Miller</b> Street Address (P.O. Box Number is Not Acceptable) <b>1175 NE 125 Street</b> Suite # <b>209</b> City <b>North Miami</b> FL Zip Code <b>33161</b>	
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 <u><i>Howard R Miller</i></u> <u><i>Howard R. Miller</i></u> <u><i>4/11/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, HOWARD R 1175 NE 125 ST 204 MIAMI, FL 33161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Howard R Miller</i></u> <u><i>Howard R. Miller</i></u> <u><i>4/11/07</i></u> <u><i>305-895-2415</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Diverse Phone #</small>		

40002603



01032007 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

Additional Fee Required

Zip Code

FL

4/11/07

May Be Added to Fees