
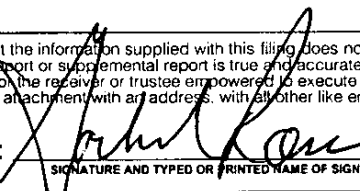


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90358 045 ***150.00

DOCUMENT # P02000096707 1. Entity Name THE SYND'CATS, INC.					
Principal Place of Business 700 E CHURCH STREET UNIT A ORLANDO, FL 32801			Mailing Address P.O. BOX 1859 WINTER PARK, FL 32790-1859		
2. Principal Place of Business 100 S. Eola Dr		3. Mailing Address Suite, Apt. #, etc. # 605			
City & State Orlando, FL		City & State City: _____ State: _____		4. FEI Number 54-2068655	
Zip 32801		Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THIBOULT, KENNETH E 10403 MANASSAS CIRCLE ORLANDO, FL 32821				7. Name and Address of Now Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	PD WISE, MARK A 2510 AZALEA DRIVE ORLANDO, FL 32803	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MILLER, MARK N 11469 ORANGE ST. ORLANDO, FL 32836	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROSS, GARLAND R P.O. BOX 1589 WINTER PARK, FL 327901859	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD THIBOULT, KENNETH E 10403 MANASSAS CIRCLE ORLANDO, FL 32821	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Garland Ross Corp. Secty		Date _____ Daytime Phone # 407-435-9856	

60029580



03152006 Chg-P CR2E034 (11/05)