2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006
Secretary of State

DOCUMENT# P02000101095

Entity Name: SYNERGY HEALTH NETWORK, INC.

Current Principal Place of Business:

5440 MARINER STREET
SUITE 112
TAMPA, FL 33609

New Principal Place of Business:

5440 MARINER STREET
SUITE 112
TAMPA, FL 33609 US

Current Mailing Address:

5440 MARINER STREET
SUITE 112
TAMPA, FL 33609

New Mailing Address:

5440 MARINER STREET
SUITE 112
TAMPA, FL 33609 US

FEI Number: 33-1023081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARRIS, JAMES W
5440 MARINER STREET
SUITE 112
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: ARAUJO, RONALD J
Address: 5440 MARINER STREET, SUITE 112
City-St-Zip: TAMPA, FL 33609

Title: EXVP ( ) Delete
Name: HARRIS, JAMES W
Address: 5440 MARINER STREET, SUITE 112
City-St-Zip: TAMPA, FL 33609

Title: PRES ( ) Delete
Name: PUCKETT, S. LEE
Address: 5440 MARINER STREET, SUITE 112
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: ARAUJO, RONALD J
Address: 5440 MARINER STREET, SUITE 112
City-St-Zip: TAMPA, FL 33609 US

Title: EXVP (X) Change ( ) Addition
Name: HARRIS, JAMES W
Address: 5440 MARINER STREET, SUITE 112
City-St-Zip: TAMPA, FL 33609 US

Title: PRES (X) Change ( ) Addition
Name: PUCKETT, S. LEE
Address: 5440 MARINER STREET, SUITE 112
City-St-Zip: TAMPA, FL 33609 US

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: BARBARA KRAUS SEC 03/20/2006

Electronic Signature of Signing Officer or Director — Date