

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101095

Entity Name: SYNERGY HEALTH NETWORK, INC.

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

5440 MARINER STREET
SUITE 112
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

5440 MARINER STREET
SUITE 112
TAMPA, FL 33609 US

New Mailing Address:

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 US

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: CFO () Change (X) Addition
Name: HANSELMAN, JOHN CFO
Address: 5440 MARINER STREET, SUITE 112
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify 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

ASST

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date