2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 24, 2008 08:00 A Secretary of State **DOCUMENT # P02000110984** 1. Entity Name SYNERCHI, INC. Principal Place of Business Mailing Address P.O. BOX 7683 MINDY COX P.O. BOX 7683 JUPITER, FL 33468 JUPITER, FL 33468 No Chg-P 01122008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 22-3878756 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COX, MINDY DO NOT WRITE 1401 W. INDIANTOWN RD. JUPITER, FL 33458 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME COX, MINDY STREET ADDRESS P.O. BOX 7683 JUPITER, FL 33468 CITY-ST-ZIP SD TITLE NAME COX, DAVID STREET ADDRESS P.O. BOX 7683 CITY-ST-ZIP JUPITER, FL 33468 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME

Cox

FILED