


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000000247
 1. Entity Name
 CYNTHESIS, INC.



Principal Place of Business Mailing Address
 1218 RIDGECREST ROAD 1218 RIDGECREST ROAD
 ORLANDO, FL 32806 US ORLANDO, FL 32806 US

DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 20-0510757 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COX, CYNTHIA G
 1218 RIDGECREST ROAD
 ORLANDO, FL 32806

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COX, CYNTHIA G
STREET ADDRESS	1218 RIDGECREST ROAD
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	VP
NAME	COX, CYNTHIA G
STREET ADDRESS	1218 RIDGECREST ROAD
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	S
NAME	COX, CYNTHIA G
STREET ADDRESS	1218 RIDGECREST ROAD
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	T
NAME	COX, CYNTHIA G
STREET ADDRESS	1218 RIDGECREST ROAD
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	COX, CYNTHIA G
STREET ADDRESS	1218 RIDGECREST ROAD
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000342607
 04/29/05-80062-018 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Cynthia G. Cox Cynthia G. Cox 4/26/05 407-816-6720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #