


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P0400000247
 1. Entity Name
CYNTHESIS, INC.



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

DO NOT WRITE IN THIS SPACE



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0510757	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 Cynthia G. Cox (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. **\$5.00** May Be Added to Fees

1100000471703
 03/29/06-80007-017 150.00

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

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: Cynthia G. Cox Cynthia G. Cox 3/1/06 407/816-6720

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