

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000058202

1. Entity Name
SUNERGY SYSTEMS, INC.



**FILED
May 03, 2007 08:00 AM
Secretary of State**

Principal Place of Business
1722 SENECA BLVD
WINTER SPRINGS, FL 32708

Mailing Address
1722 SENECA BLVD
WINTER SPRINGS, FL 32708



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0502904	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HALASZ, JON L
1722 SENECA BLVD
WINTER SPRINGS, FL 32708

**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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 HALASZ, JON L
STREET ADDRESS 1722 SENECA BLVD
CITY-ST-ZIP WINTER SPRINGS, FL 32708

U00000760485
05/25/07-80013-D17 158.75

TITLE VP
NAME HALASZ, DONNA L
STREET ADDRESS 1722 SENECA BLVD
CITY-ST-ZIP WINTER SPRINGS, FL 32708

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: *Donna L. Halasz* *Donna L. Halasz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 607365-1015
Date Daytime Phone #