2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000096434 07 APR 25 AM 10: 55 1. Entity Name SYNÉRGY DESIGN & ENGINEERING, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 2811 INDUSTRIAL PLAZA DR 2811 INDUSTRIAL PLAZA DR TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-1296629 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Thelps, Marc GHAZVINI, MEHRDAD Street Address (P.O. Box Number is Not Acceptable) 2811 E. INDUSTRIAL PLAZA DR. TALLAHASSEE, FL 32301 FL ^{Zi}ffstZiSo 1 Tallahussee 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. 04-15-07 SIGNATURE INOTE: Registered Agent signature required when reinstatord **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE TITLE 🔽 Delete ☐ Channe ■ Addition NAME GHAZVINI, MEHRDAD NAME STREET ADDRESS 2811 E INDUSTRIAL PLAZA DR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition President, D PHELPS, MARC C NAME NAME STREET ADDRESS 2811 E INDUSTRIAL PLAZA DR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP TITLE Delete TITLE X Addition ☐ Change Benzad Ghazumi NAME NAME 2811 E Industrial Plaza Dr STREET ADDRESS STREET ADDRESS Tallahassee, FL 82301 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME 300101257453 /03/07--01005--025 **15 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not quality 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 eath; that I am an officer or director of the corporation or the receiver of truence 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 attachypert with an actues s, with all outer like empowered. SIGNATURE: / SIGNATURE AND DIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR