2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State
02-22-2006 90002 015 ***150.00

DOCUMENT # P05000027455

1. Entity Name
CLIENTS TRUST CORP.

Principal Place of Business	Mailing Address
369 SPRUCEWOOD COURT LAKE MARY, FL 32746	369 SPRUCEWOOD COURT LAKE MARY, FL 32746

02132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 54-2168762 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FARACCHIO, DEAN A.
369 SPRUCEWOOD COURT
LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ____________ 2/13/06
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARACCHIO, DEAN A 369 SPRUCEWOOD COURT LAKE MARY, FL 32746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ____________ 2/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

/15/2. 5 20. FAX 831)465..

ATTACHMENT

60020703

#P05000027455

Mar 10 05 07:52a Dean Faracchio 407-540-9554 p.1

8/15/05

Form **SS-4** (Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested: CLIENTS TRUST CORP. — 54-2168762

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name: Dean FARACchio

4a Mailing address (room, apt., suite no. and street, or P.O. box): 369 Spearwood Court

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code: Lake Mary, Florida 32746

5b City, state, and ZIP code

6 County and state where principal business is located: Seminole, Florida

7a Name of principal officer, general partner, grantor, owner, or trustor: Dean FARACchio

7b SSN, ITIN, or EIN: 15-56-9966

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) ___
- ☐ Partnership
- ☒ Corporation (enter form number to be filed) ▶ 1120 S
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated: State: FLORIDA — Foreign country:

9 Reason for applying (check only one box)

- ☒ Started new business (specify type) ▶ Financial Planning
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year): MARCH 1, 2005

11 Closing month of accounting year: December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien.* (month, day, year) ▶

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "-0-."* ▶ Agricultural: — Household: — Other: 2

14 Check one box that best describes the principal activity of your business.

- ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker
- ☐ Real estate ☐ Manufacturing ☒ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail
- ☐ Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Medical Insurance Co

16a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No
Note: *If "Yes," please complete lines 16b and 16c.*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Synergy Financial, Inc. Trade name ▶ Same

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year): Jan 2002 — City and state where filed: Lake Mary Florida — Previous EIN: 59-37-1069

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name: Dean FARACchio — Designee's telephone number (include area code): (407) 323-7446

Address and ZIP code: 369 Spearwood Court Lake Mary FL. 32746 — Designee's fax number (include area code): (407) 549-9554

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Dean A. FARACchio — Applicant's telephone number (include area code): (407) 323-7446

Signature ▶ Dean A. Faracchio — Date ▶ 8/10/05 — Applicant's fax number (include area code): (407) 540-9554

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 12-2001)

Send 147C.