



FILED
Apr 26, 2007 8:00 am
Secretary of State

04-02-2007 90114 001 ***300.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000124953			
1. Entity Name SYNERGX CORPORATION			
Principal Place of Business 209 STATE STREET OLDSMAR, FL 34677		Mailing Address 209 STATE STREET OLDSMAR, FL 34677	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		4. FFI Number 20-8875320 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent LAWMAN, PATRICIA 209 STATE STREET OLDSMAR, FL 34677		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 _____ (NOTE: Registering Agent signature required when removing) Signature, typed or printed name of registered agent, and title if applicable DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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-STATE-ZIP	PC LAWMAN, MICHAEL JP 10019 BRADWELL PL TAMPA, FL 33626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CEO LAWMAN, PATRICIA D 10019 BRADWELL PL TAMPA, FL 33626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BEHAR, MORRIS 1326 PRESERVATION WAY OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LAWMAN, DAVID KEMBLE HOUSE THE SPINNEY LARCH BUNNINGDALE, UNITE KINGDOM, s15 oa5 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SOME -> LARCH AVE SUNNINGDALE, UK SL5 0AS
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LOOK, GRAHAME 4 ALLEYN RD DULWICH, UK, se21 sa8 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LOOK, GRAHAME 9 ALLEYN ROAD DULWICH, UK SE21 3AB
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Patricia D Lawman		3-28-07 813 855 9844	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Telephone #	

ATTACHMENT

66011009
#PO5000124953

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 20-8875320 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested Synergx Corporation					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name Patricia D Lawman		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 209 State Street			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code Oldsmar FL 34677			5b City, state, and ZIP code		
6* County and state where principal business is located County Pinellas State FL					
7a* Name of principal officer, general partner, grantor, owner, or trustee Patricia D Lawman			7b* SSN, ITIN, EIN 267-98-5347		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120 <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶ <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises		
8b* If a corporation, name the state or foreign country (if applicable) where incorporated			State FL		Foreign country
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ Biotechnology <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) SEP 9 2005			11* Closing month of accounting year DEC		
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 twelve months Note: if the applicant does not expect to have any employees during the period, enter "-0-" ▶			Agriculture 0	Household 0	Other 0
14* Check box that best describes the principal activity of your business			<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) Research and Development					
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided cancer therapeutics					
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 ▶ Morphogenesis Incorporated Trade name ▶ Morphogenesis					
16c* Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) MAY 15 1996 City and state where filed Orlando FL Previous EIN 59 - 3359711					
Complete 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					
Third Party Designee	Designee's name			Designee's telephone number (include area code)	
	Address and ZIP code			() - Designee's fax number (include area code) () -	
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) ▶ Patricia D Lawman			Applicant's telephone number (include area code) (813) 855 - 9844 Applicant's fax number (include area code) (813) 854 - 2340		
Signature ▶ Not Required			Date ▶ April 19, 2007 GMT		