2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# P06000066302

Entity Name: SYNERGY INSURANCE GROUP, INC.

Current Principal Place of Business:

7771 W. OAKLAND PARK BLVD. #122
SUNRISE, FL 33351 US

New Principal Place of Business:

7771 W. OAKLAND PARK BLVD.
SUITE 122
SUNRISE, FL 33351 US

Current Mailing Address:

7771 WEST OAKLAND PARK BLVD.
SUITE 122
SUNRISE, FL 33351 US

New Mailing Address:

7771 W. OAKLAND PARK BLVD.
SUITE 122
SUNRISE, FL 33351 US

FEI Number: 20-4860800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PAPPAS, ANDREW
Address: 8231 SW 28TH ST
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete
Name: PAPPAS, ANDREW
Address: 8231 SW 28TH ST
City-St-Zip: DAVIE, FL 33328

Title: V ( ) Delete
Name: WARD, KINGSLAND
Address: 8350 NW 45TH COURT
City-St-Zip: LAUDERHILL, FL 33351

Title: D ( ) Delete
Name: WARD, KINGSLAND
Address: 8350 NW 45TH COURT
City-St-Zip: LAUDERHILL, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: WARD, KINGSLAND
Address: 911 NW 114 AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Change ( ) Addition
Name: WARD, KINGSLAND
Address: 911 NW 114 AVE
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW PAPPAS P 02/03/2009

Electronic Signature of Signing Officer or Director Date