

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90050 049 ***158.75

DOCUMENT # P07000090815					
1. Entity Name SYNERGY COMMERCIAL GROUP, INC.					
Principal Place of Business 101 AMERICAN CENTER PLACE, SUITE 203 TAMPA, FL 33619			Mailing Address 101 AMERICAN CENTER PLACE, SUITE 203 TAMPA, FL 33619		
2. Principal Place of Business - No P.O. Box # 1810 Prairie Grass Ln.		3. Mailing Address 1810 Prairie Grass Ln.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142008 Chg-P CR2E034 (12/06)	
City & State Valrico, FL		City & State Valrico, FL		4. FEI Number 38-3762808	
Zip 33594		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, CANDICE N 101 AMERICAN CENTER PLACE, SUITE 203 TAMPA, FL 33619			7. Name and Address of New Registered Agent Name: <u>Candice N. Smith</u> Street Address (P.O. Box Number is Not Acceptable): <u>1810 Prairie Grass Ln.</u> City: <u>Valrico</u> <u>FL</u> Zip Code: <u>33594</u>		
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: <u>Candice N. Smith</u> (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <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-ST-ZIP	PVST SMITH, CANDICE <input type="checkbox"/> Delete 101 AMERICAN CENTER PLACE, SUITE 203 TAMPA, FL 33619		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Candice Smith, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/8/08</u>		Daytime Phone #: <u>813-436-1024</u>