2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P07000101950

Entity Name: SYNERGY REAL ESTATE INVESTMENTS, INC.

Current Principal Place of Business:

6822 CROMWELL GARDEN DRIVE
APOLLO BEACH, FL 33572

New Principal Place of Business:

Current Mailing Address:

6822 CROMWELL GARDEN DRIVE
APOLLO BEACH, FL 33572

New Mailing Address:

P.O. BOX 3214
APOLLO BEACH, FL 33572

FEI Number: 26-1119881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATTS, TRACEY
6822 CROMWELL GARDEN DRIVE
APOLLO BEACH, FL 33572 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: PRES ( ) Delete
Name: WATTS, TRACEY
Address: 6822 CROMWELL GARDEN DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: VP ( ) Delete
Name: WATTS, WILLIAM
Address: 6822 CROMWELL GARDEN DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: TREA ( ) Delete
Name: WATTS, WILLIAM
Address: 6822 CROMWELL GARDEN DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: SECR ( ) Delete
Name: WATTS, TRACEY
Address: 6822 CROMWELL GARDEN DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: WATTS, TRACEY
Address: P.O. BOX 3214
City-St-Zip: APOLLO BEACH, FL 33572

Title: VP (X) Change ( ) Addition
Name: WATTS, WILLIAM
Address: P.O. BOX 3214
City-St-Zip: APOLLO BEACH, FL 33572

Title: TREA (X) Change ( ) Addition
Name: WATTS, WILLIAM
Address: P.O. BOX 3214
City-St-Zip: APOLLO BEACH, FL 33572

Title: SECR (X) Change ( ) Addition
Name: WATTS, TRACEY
Address: P.O. BOX 3214
City-St-Zip: APOLLO BEACH, FL 33572

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: TRACEY WATTS PRES 04/30/2009
Electronic Signature of Signing Officer or Director Date