

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000130518

Entity Name: SYNCRONIVITY, INC

**FILED**  
**Jul 19, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

4207 SOUTH DALE MABRY HWY.  
# 1309  
TAMPA, FL 33611 US

## **New Principal Place of Business:**

1120 EAST TWIGGS ST  
121  
TAMPA, FL 33602 US

## **Current Mailing Address:**

4207 SOUTH DALE MABRY HWY.  
# 1309  
TAMPA, FL 33611 US

## **New Mailing Address:**

1120 EAST TWIGGS ST  
121  
TAMPA, FL 33602 US

FEI Number: 94-1687665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

BRUNO, LISA  
4207 SOUTH DALE MABRY HWY.  
# 1309  
TAMPA, FL 33611 US

## **Name and Address of New Registered Agent:**

BRUNO, LISA  
1120 EAST TWIGGS ST  
121  
TAMPA, FL 33602 US

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:

07/19/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: BRUNO, LISA  
Address: 1120 EAST TWIGGS ST  
City-St-Zip: TAMPA, FL 33602 US

I hereby 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 all other like empowered.

SIGNATURE: LISA LYNN BRUNO

MS.

07/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date