

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000021378

FILED
Apr 20, 2009
Secretary of State

Entity Name: SYNERGY FITNESS SYSTEMS, INC.

Current Principal Place of Business:

210 SOUTH MAGNOLIA AVENUE
ATTN: ALLEN C WOODRUFF
SANFORD, FL 32710 US

New Principal Place of Business:

210 SOUTH MAGNOLIA AVENUE
ATTN: ALLEN C WOODRUFF
SANFORD, FL 32771 US

Current Mailing Address:

PO BOX 952548
LAKE MARY, FL 32795 US

New Mailing Address:

FEI Number: 59-3229198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODRUFF, ALLEN PRES
498 PALM SPRINGS, STE 100
ALTAMONTE SPRINGS, FL 32701 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: WOODRUFF, ALLEN C
Address: 210 S. MAGNOLIA AVE.
City-St-Zip: SANFORD, FL 32710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WOODRUFF, ALLEN C
Address: 210 S. MAGNOLIA AVE.
City-St-Zip: SANFORD, FL 32771

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: ALLEN C. WOODRUFF

PRES

04/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date