

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000011699

**FILED**  
**Jan 24, 2006**  
**Secretary of State**

**Entity Name:** SYNERGY NUTRITIONAL INDUSTRIES, INC.

**Current Principal Place of Business:**

1793 F.I.M. BLVD  
FT WALTON BCH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

1793 F.I.M. BLVD  
FT WALTON BCH, FL 32547 US

**New Mailing Address:**

P O BOX 1086  
FT WALTON BCH, FL 32549-108 US

**FEI Number:** 59-3366027

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OSBORNE, ROBERT P  
1793 F.I.M. BLVD  
FT WALTON BCH, FL 32547 US

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

OSBORNE, ROBERT P  
151 ELDREDGE ROAD  
FT WALTON BCH, FL 32547 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: ROBERT P OSBORNE

01/24/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: OSBORNE, ROBERT P  
Address: 745 HOLLYWOOD BLVD NW  
City-St-Zip: FORT WALTON BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: OSBORNE, ROBERT P  
Address: 151 ELDREDGE ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the 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: DEENA J CANALS

MRS.

01/24/2006

Electronic Signature of Signing Officer or Director

Date