2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# P98000012093

Entity Name: SYNERGISTIX, INC.

Current Principal Place of Business:

2450 HOLLYWOOD BLVD
SUITE 603
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

2450 HOLLYWOOD BLVD
SUITE 603
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 65-0812682 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHENKER, DON
4333 SW 95 AVE
DAVIE, FL 33328

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: PD ( ) Delete
Name: SCHENKER, DON
Address: 2450 HOLLYWOOD BLVD STE 603
City-St-Zip: HOLLYWOOD, FL 33020

Title: VPD ( ) Delete
Name: WONG, RAUL
Address: 2450 HOLLYWOOD BLVD STE 603
City-St-Zip: HOLLYWOOD, FL 33020

Title: S (X) Delete
Name: WRETZEL, KEVIN
Address: 2450 HOLLYWOOD BLVD STE 603
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DON SCHENKER PD 04/23/2004

Electronic Signature of Signing Officer or Director Date