

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000028014

FILED  
May 04, 2006  
Secretary of State

Entity Name: SYNERGIE WELLNESS PRODUCTS, INC.

## Current Principal Place of Business:

15022 PASO DEL SOL  
DEL MAR, CA 920144117 US

## New Principal Place of Business:

## Current Mailing Address:

15022 PASO DEL SOL  
DEL MAR, CA 920144117 US

## New Mailing Address:

FEI Number: 91-1853701

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, EDWARD ESQ  
54 SW BOCA RATON BLVD  
BOCA RATON, FL 334324708 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

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: DP ( ) Delete  
Name: PARKER, ROBERT L  
Address: 33057 FOX ROAD  
City-St-Zip: TEMECULA, CA 92592

Title: DST ( ) Delete  
Name: MERRICK, N. MUNRO  
Address: 15022 PASO DEL SOL  
City-St-Zip: DEL MAR, CA 920144117

Title: D ( ) Delete  
Name: BRETTE, MICHAEL N  
Address: 15022 PASO DEL SOL  
City-St-Zip: DEL MAR, CA 920144117

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: MERRICK, N. MUNRO  
Address: 150022 PASO DEL SOL  
City-St-Zip: DEL MAR, CA 920144117 US

Title: D (X) Change ( ) Addition  
Name: PARKER, ROBERT L  
Address: 15022 PASO DEL SOL  
City-St-Zip: DEL MAR, CA 920144117

Title: DT (X) Change ( ) Addition  
Name: BRETTE, MICHAEL N  
Address: 15022 PASO DEL SOL  
City-St-Zip: DEL MAR, CA 920144117

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: N. MUNRO MERRICK

P

05/04/2006

Electronic Signature of Signing Officer or Director

Date