

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068288

Entity Name: TECHNICAL SYNERGY, INC.

FILED  
Jan 04, 2008  
Secretary of State

**Current Principal Place of Business:**

6535 NW 80 DRIVE  
PARKLAND, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

6535 NW 80 DRIVE  
PARKLAND, FL 33067

**New Mailing Address:**

FEI Number: 65-0852707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

NATHANSON, LORRAINE  
6535 N.W. 80TH DRIVE  
PARKLAND, FL 33067 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: PD ( ) Delete  
Name: NATHANSON, LORRAINE  
Address: 6535 NW 80TH DRIVE  
City-St-Zip: PARKLAND, FL 33067

Title: ST ( ) Delete  
Name: NATHANSON, ANDREW  
Address: 6535 NW 80TH DRIVE  
City-St-Zip: PARKLAND, FL 33067

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

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 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: ANDREW NATHANSON

ST

01/04/2008

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

\_\_\_\_\_ Date