


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000030233	
1. Entity Name S.T.S CYNERGY, INC.	

Principal Place of Business 3601 SWANN AVE SUITE 206 TAMPA, FL 33609	Mailing Address 3601 SWANN AVE SUITE 206 TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE




01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3601534	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PEREZ, FERNANDO III 101 E KENNEDY BLVD SUITE 3200 TAMPA, FL 33602	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  S. JADOT (V.P.) 01-20-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

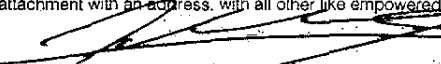
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JADOT, JEAN-CLAUDE PLACE 38 PETIT-ENGHIEN, BL B-785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JADOT, SEBASTIAN 3601 SWANN AVE., 206 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOUDEN, CHRIS V INDUSTRIELAAN 17A, 3E INDUSTRIEZONE EREBODEGEM, BL B-932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/05-80115-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  S. JADOT 01-20-05 813-872-0233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #