2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000030233

1. Entity Name
S.T.S CYNERGY, INC.

Principal Place of Business	Mailing Address
3601 SWANN AVE SUITE 206 TAMPA, FL 33609	3601 SWANN AVE SUITE 206 TAMPA, FL 33609

04102006 | No Chg-P | CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3601534
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

UI0700506687
04/27/06-80033-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JADOT, JEAN-CLAUDE
STREET ADDRESS	PLACE 38
CITY-ST-ZIP	PETIT-ENGHIEN, BL B-785
TITLE	VSD
NAME	JADOT, SEBASTIAN
STREET ADDRESS	3601 SWANN AVE., 206
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	TD
NAME	HOUDEN, CHRIS V
STREET ADDRESS	INDUSTRIELAAN 17A, 3E INDUSTIEZONE
CITY-ST-ZIP	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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 4-10-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #