

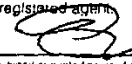
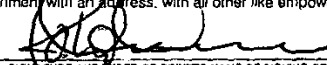
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ERIC P. LITTMAN

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2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000032582			
1. Entity Name SYNEGRATE CORP.			
Principal Place of Business 2 S BISCAYNE BLVD SUITE 3580 MIAMI, FL 33131		Mailing Address 2 S BISCAYNE BLVD SUITE 3580 MIAMI, FL 33131	
2. Principal Place of Business 150 S. Washington St. Suite A Carpentersville, IL 60110		3. Mailing Address 150 S. Washington St. Suite A Carpentersville, IL 60110	
4. FEI Number 65-0923511		5. Certificate of Status \$6.75 Not Applicable	
6. Name and Address of Current Registered Agent LITTMAN, ERIC P 7695 S.W. 104TH STREET STE. 104 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Applicable): City: FL	
8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both in the State of Florida. I am familiar with and acknowledge the obligations of registered agents.			
SIGNATURE:  DATE: 12/15/05			
Amended AR is \$61.25		9. Election Campaign Financing \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARIN, RONALD A 2 S BISCAYNE BLVD, SUITE 3580 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joe Dowdell, SR. 150 S. Washington St., Suite A Carpentersville, IL 60110
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joe Dowdell, JR. 150 S. Washington St., Suite A Carpentersville, IL 60110
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated indicated on this report or supplemental report is true and accurate and that my signature shall have the effect 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.			
SIGNATURE: 		12/2/05 847-428-8088	

FILED
05 DEC -7 PM 2:32
TALLAHASSEE, FLORIDA
T. Roberts DEC 07 2005



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4. FEI Number 65-0923511

5. Certificate of Status \$6.75 Not Applicable

Amended AR is \$61.25

9. Election Campaign Financing

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARIN, RONALD A 2 S BISCAYNE BLVD, SUITE 3580 MIAMI, FL 33131	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joe Dowdell, SR. 150 S. Washington St., Suite A Carpentersville, IL 60110	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joe Dowdell, JR. 150 S. Washington St., Suite A Carpentersville, IL 60110	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 exemption stated indicated on this report or supplemental report is true and accurate and that my signature shall have the effect 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.

Section 607(2)(b), Florida Statutes. I further certify that the information provided in this report has the same legal effect as if made under oath, that I am a resident of the State of Florida, and that my name appears in Block 10 or Block 11.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature