

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V33591

FILED
Jan 06, 2006
Secretary of State

Entity Name: SYNERGY FRANCHISING CORP.

Current Principal Place of Business:

801 JONES FRANKLIN ROAD
SUITE 230
RALEIGH, NC 27606 US

New Principal Place of Business:

Current Mailing Address:

801 JONES FRANKLIN ROAD
SUITE 230
RALEIGH, NC 27606 US

New Mailing Address:

FEI Number: 59-3120367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLEMMONS, STUART
1924 MICHIGAN AVENUE NE
SAINT PETERSBURG, FL 33703 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: DCPS () Delete
Name: KEARNS, MICHAEL P
Address: 801 JONES FRANKLIN ROAD #230
City-St-Zip: RALEIGH, NC 27606

Title: DVT () Delete
Name: DEBRA, JUDSON N
Address: 801 JONES FRANKLIN ROAD, #230
City-St-Zip: RALEIGH, NC 27606 US

Title: D () Delete
Name: CLEMMONS, STUART
Address: 1924 MICHIGAN AVENUE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: MICHAEL P KEARNS

DCPS

01/06/2006

Electronic Signature of Signing Officer or Director

Date