


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90308 046 ****61.25

DOCUMENT # 705769
1. Entity Name
REGENCY HOUSE, INC.




Principal Place of Business Mailing Address
2829 N.E. 30TH STREET 2829 N.E. 30TH STREET
FORT, LAUDERDALE FL 33306-1953 FORT, LAUDERDALE FL 33306-1953

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

30042000



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent

PIRICH, DIANA E
2419 MIDDLE RIVER DRIVE
FORT LAUDERDALE FL 33305-2728

4. FEI Number Applied For
59-1159328 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	PIRICH, MICHAEL E	
STREET ADDRESS	2419 MIDDLE RIVER DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305-2728	
TITLE	DP	<input type="checkbox"/> Delete
NAME	JABLONSKI, JOHN J	
STREET ADDRESS	2829 NE 30 ST., #306	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	DST	<input type="checkbox"/> Delete
NAME	PIRICH, DIANA E	
STREET ADDRESS	2419 MIDDLE RIVER DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE	DAT	<input checked="" type="checkbox"/> Delete
NAME	VALLIER, DEBORAH	
STREET ADDRESS	2829 NE 30 ST., #206	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	DAS	<input checked="" type="checkbox"/> Delete
NAME	HOPWOOD, JOHN R	
STREET ADDRESS	2829 NE 30 ST., #205	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPWOOD, J.R.	
STREET ADDRESS	2829 N.E. 30 ST., #205	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARTANIAN, JANICE E.	
STREET ADDRESS	2829 N.E. 30 ST., #307	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	DAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, PAUL	
STREET ADDRESS	2829 N.E. 30 ST., #206	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: Diana E. Pritch Diana E. Pritch Secretary/Treasurer Date: 4/18/05 Daytime Phone #: 954-566-9539