


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 12 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000001948 1. Entity Name REGINA MUNDI INC	
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Principal Place of Business 157 LAMSON ST JACKSONVILLE, FL 32211	Mailing Address 157 LAMSON ST JACKSONVILLE, FL 32211
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2. Principal Place of Business - No P.O. Box # <i>1348 Eagle Cove Rd. N</i> Suite, Apt. #, etc.	3. Mailing Address <i>1348 Eagle Cove Rd. N.</i> Suite, Apt. #, etc.
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09122008 Chg-NP CR2E037 (12/06)

City & State <i>Jacksonville, FL</i>	City & State <i>Jacksonville, FL</i>
Zip <i>32218</i>	Zip <i>32218</i>
Country <i>US</i>	Country

4. FEI Number 80-0006056	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EJIMOFOR, PRISCILLA 157 LAMSON ST JACKSONVILLE, FL 32211	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1348 Eagle Cove Road N.</i> City <i>Jacksonville</i> FL Zip Code <i>32218</i>
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	EJIMOFOR, PRISCILLA
STREET ADDRESS	157 LAMSON ST
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	V <input type="checkbox"/> Delete
NAME	EKE, PAULINE
STREET ADDRESS	851 BERT RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	T <input type="checkbox"/> Delete
NAME	RAPHAEL, EBERE R
STREET ADDRESS	600 EUGENIA ST.
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	S <input type="checkbox"/> Delete
NAME	JONES, HILDA
STREET ADDRESS	407 2 28TH ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	<input type="checkbox"/> Delete
NAME	ADMS JOHNSON, CORNELIA
STREET ADDRESS	3810 N. DAVIS ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>1348 Eagle Cove Road N.</i>
STREET ADDRESS	<i>Jacksonville, FL 32218</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 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: *Priscilla Ejimofor* *9-12-08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #