


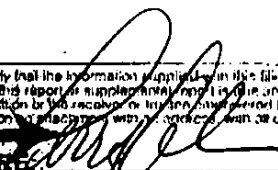
FROM : JOHN WILLIAM NICHOLS CO

FAX NO. : 3052329552

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-03-2006 90222 030 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000113927			
1. Entity Name ROYAL TRANSITIONS, INC.			
Principal Place of Business 263 WILDWOOD CIR DEERFIELD BEACH, FL 33442		Mailing Address 263 WILDWOOD CIR DEERFIELD BEACH, FL 33442	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 43-2087582		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COHEN, MICHAEL 263 WILDWOOD CIR DEERFIELD BEACH, FL 33442		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 is required when applicable)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$660.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST COHEN, PERRI 263 WILDWOOD CIR DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COHEN, MICHAEL 263 WILDWOOD CIR DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied in this filing does not qualify for the exemption provided in Chapter 119, Florida Statutes. I further certify that the information included on this report is supplemented, 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 an individual authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 as changed, or on the attached, with all officers, with all other like employment.			
SIGNATURE 		Date 4/20/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66019401



04282006 Chg-P CR2E034 (11/05)

SIGN DATE