


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**


04-03-2007 90012 012 \*\*\*158.75

<b>DOCUMENT # 220842</b>	
1. Entity Name <b>REGAL ONE CORPORATION</b>	

Principal Place of Business <b>DIETERICH ASSOC. 11300 WEST OLYMPIC SUITE 800 LOS ANGELES CA 90064</b>	Mailing Address <b>28780 WAGON RD. AGOURA CA 91301</b>
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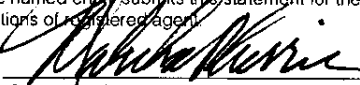
2. Principal Place of Business - No P.O. Box # <b>28780 Wagon Rd</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc. <b>Agoura</b>	Suite, Apt. #, etc.

City & State <b>CA</b>	City & State
Zip <b>91301</b>	Country <b>USA</b>

	
1st MOORE	CR2E034 (10/06)
4. FEI Number <b>95-4158065</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 obligation of registered agent.	
SIGNATURE 	DATE <b>March 19 2007</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST - ZIP	<input type="checkbox"/> Delete
<b>CCEO CURRIE, MALCOLM 28780 WAGON RD. AGOURA CA 91301</b>	
TITLE NAME STREET ADDRESS CITY ST - ZIP	<input type="checkbox"/> Delete
<b>COO HULL, RICHARD DR 9517 DUXBURY LANE LOS ANGELES CA 90834</b>	
TITLE NAME STREET ADDRESS CITY ST - ZIP	<input type="checkbox"/> Delete
<b>D PERRY, CARL 2175 ALISOS DRIVE SANTA BARBARA CA 93108</b>	
TITLE NAME STREET ADDRESS CITY ST - ZIP	<input type="checkbox"/> Delete
<b>D WILLIAMS, NEIL DR 10693 WILES RD. SUITE 301 CORAL SPRINGS FL 33076</b>	
TITLE NAME STREET ADDRESS CITY ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: 	<b>Malcolm R Currie</b>	<b>03-19-07</b>	<b>818 707 8652</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			