2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2007 08:00 AM **DOCUMENT #688405 Secretary of State** 1. Entity Name REGIS CONSTRUCTION ENTERPRISES INC. Principal Place of Business Mailing Address 2051 BERRY ROBERTS 2051 BERRY ROBERTS SUN CITY CENTER, FL 33573 SUN CITY CENTER, FL 33573 **US** 01062007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2027478 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REGIS, WILLIAM F DO NOT WRITE 4412 2ND AVE. HOLMES BEACH, FL 34217 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE REGIS, WILLIAM F STREET ADDRESS 2051 BERRY ROBERTS U00000591148 01/19/07-80009-023 150.00 CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE REGIS, ARLINE L STREET ADDRESS 2051 BERRY ROBERTS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE NAME STREET ADDRESS DO NOT WRITE CiTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-6T-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TED NAME OF EXCHING OFFICER OR DIRECTOR