


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90018 050 ***150.00

DOCUMENT # F00000004759

1. Entity Name
REGAL SECURITIES, INC.



Principal Place of Business
**950 MILWAUKEE AVE - SUITE 307
 GLENVIEW, IL 60025**

Mailing Address
**950 MILWAUKEE AVE - SUITE 307
 GLENVIEW, IL 60025**

40110400



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07082008 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
36-2916812

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOKIOS, GEORGE 1400 COLONIAL BLVD #14 FORT MYERS, FL 33906-9503	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOKIOS, GEORGE 420 CELEBRATION AVE CELEBRATION, FL 34747 <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	EV MUKOYAMA, JAMES H JR 4009 TRACEY COURT GLENVIEW, IL 60025 <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 BOKIOS, STEVEN G 110 E DELAWARE CHICAGO, IL 60611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V EUGENIA T BOKIOS 4004 LIZETTE LN GLENVIEW IL 60025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VILLAFLO, ROBERT 100 E NORTH AVE. LAKE FOREST, IL 60045 <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 WALTER, ROBERT 455 CONESTOGA TRL. CARY, IL 60013 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V PAUL LEE 2591 VIOLET ST GLENVIEW IL 60025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOKIOS, VICTORIA C 1 JANE LANE BARRINGTON HILLS, IL 60011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BT BOKIOS VICTORIA 1 JANE LANE BARRINGTON HILLS IL 60016

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 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: James H. Mukoyama, Jr. **JAMES H. MUKOYAMA, JR.** Date: 7/8/08 Daytime Phone #: 847-375-6064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR