

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002084

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: REGAL ADVISORY SERVICES, INC.

## Current Principal Place of Business:

950 MILWAUKEE AVE., SUITE 307  
GLENVIEW, IL 60025

## New Principal Place of Business:

## Current Mailing Address:

950 MILWAUKEE AVE., SUITE 307  
GLENVIEW, IL 60025

## New Mailing Address:

FEI Number: 36-4433860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BOKIOS, GEORGE  
Address: 950 MILWAUKEE AVE., SUITE 307  
City-St-Zip: GLENVIEW, IL 60025

Title: T ( ) Delete  
Name: WALTER, ROBERT A  
Address: 445 CONESOGA TR  
City-St-Zip: CARY, IL 60065

Title: S (X) Delete  
Name: BOKIOS, EUGENIA T  
Address: 4004 LRETTE LN  
City-St-Zip: GLENVIEW NAS, IL 60026

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BOKIOS, GEORGE  
Address: 950 MILWAUKEE AVE., SUITE 307  
City-St-Zip: GLENVIEW, IL 60025

Title: T/S (X) Change ( ) Addition  
Name: AKSOMITAITE, SKAISTE  
Address: 950 MILWAUKEE AVE, STE 101  
City-St-Zip: GLENVIEW, IL 60025

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SKAISTE AKSOMITAITE

T/S

04/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date