

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90039 003 \*\*\*150.00

<b>DOCUMENT # F07000000404</b> 1. Entity Name <b>ST. REGIS PROPERTIES, INC.</b>			
Principal Place of Business <b>316 RICARDO ROAD MILL VALLEY, CA 94941</b>		Mailing Address <b>316 RICARDO ROAD MILL VALLEY, CA 94941</b>	
2. Principal Place of Business - No P.O. Box # <b>655 REDWOOD HIGHWAY</b> Suite, Apt. #, etc. <b>SUITE 285</b> City & State <b>MILL VALLEY CA</b> Zip <b>94941</b> Country <b>USA</b>		3. Mailing Address <b>655 REDWOOD HIGHWAY</b> Suite, Apt. #, etc. <b>SUITE 285</b> City & State <b>MILL VALLEY, CA</b> Zip <b>94941</b> Country <b>USA</b>	
4. FEI Number <b>68-0273596</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR., #4 WESTON, FL 33331</b>		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 obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPST ALLEN, JOHN F 351 CALIFORNIA ST., SUITE 600 SAN FRANCISCO, CA 94104</b> <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	<b>V SARIS, ANTHONY T 351 CALIFORNIA ST., SUITE 600 SAN FRANCISCO, CA 94104</b> <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 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.			
<b>SIGNATURE:</b> 		<b>3/1/08</b> <b>415 381-8800</b> <small>Date Daytime Phone #</small>	