


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90382 004 \*\*\*150.00

DOCUMENT # F25647			
1. Entity Name REGENCY CENTRE INVESTMENTS, INC.			
Principal Place of Business 8202 CLEARVISTA PKWY SUITE 6F INDIANAPOLIS, IN 46256 US		Mailing Address 8202 CLEARVISTA PKWY SUITE 6F INDIANAPOLIS, IN 46256 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Suite 6B		Suite, Apt. #, etc. Suite 6B	
City & State Indpls IN		City & State Indpls IN	
Zip 46256	Country	Zip 46256	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOPEZ, E. JOHN 1819 MAIN ST. SUITE 610 SARASOTA, FL 34236		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLAK, BRADLEY T 8202 CLEARVISTA PKWY, SUITE 6F INDIANAPOLIS, IN 46256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 6B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POLAK, REBECCA 8202 CLEARVISTA PKWY, SUITE 6F INDIANAPOLIS, IN 46256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kristine Polak 8202 Clearvista Pkwy, #6B Indianapolis, IN 46256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: <u>Bradley T Polak Pres.</u>		Date	4-19-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	317-842-0600
		Bradley T Polak	

50016173



02232006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2069019 Applied For Not Applicable

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