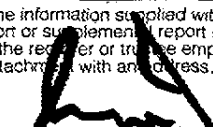


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                     |                                                                                                                           |                                                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F51666</b><br>1. Entity Name<br><b>REGECHA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |                     |                                                                                                                           |                                    |  |
| Principal Place of Business<br><b>3629 MINEOLA DR<br/>SARASOTA FL 34239<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |                     |                                                                                                                           | Mailing Address<br><b>3629 MINEOLA DR<br/>SARASOTA FL 34239<br/>US</b>                                              |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                | 3. Mailing Address  |                                                                                                                           |                                                                                                                     |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                | Suite, Apt. #, etc. |                                                                                                                           |                                                                                                                     |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                | City & State        |                                                                                                                           |                                                                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Country                                                                                                        | Zip                 | Country                                                                                                                   |                                                                                                                     |  |
| 4. FEI Number <b>59-2134885</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                     |                                                                                                                           | Applied For<br><input type="checkbox"/> Not Applicable                                                              |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                     |                                                                                                                           | <b>\$8.75</b> Additional<br>Fee Required                                                                            |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                     | 7. Name and Address of New Registered Agent                                                                               |                                                                                                                     |  |
| <b>SCOTT, GERI<br/>3629 MINEOLA DR<br/>SARASOTA FL 34239</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                |                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                                        |                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                     | State <b>FL</b> Zip Code                                                                                                  |                                                                                                                     |  |
| B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |                     |                                                                                                                           |                                                                                                                     |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |                                                                                                                     |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                     |                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PD<br><b>SCHWARZ, RENATE</b><br><b>3629 MINEOLA DR</b><br><b>SARASOTA FL</b> <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                        | U000000035383 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>02/06/04-80015-025 150.00</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VPD<br><b>SCHWARZ, GEORG</b><br><b>3629 MINEOLA DR</b><br><b>SARASOTA FL</b> <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TD<br><b>SCHWARZ, CHRISTOF</b><br><b>3629 MINEOLA DR</b><br><b>SARASOTA FL</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                                |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                                |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                                |                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplement 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 register 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>GEORGE SCHWARZ</b> <b>2/4/04</b> <b>941 362 3372</b>                                                                   |                                                                                                                     |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |                     | Date Daytime Phone #                                                                                                      |                                                                                                                     |  |