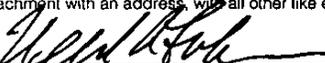


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90372 008 \*\*\*150.00

<b>DOCUMENT # F95000001291</b>				
1. Entity Name REGENCY WINDSOR LAMBERT, INC.				
Principal Place of Business 1101 18TH PLACE VERO BEACH, FL 32960		Mailing Address P.O. BOX 1477 VERO BEACH, FL 32961		
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>36-3329512</b>
				Applied For 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			7. Name and Address of New Registered Agent	
LAMBERT, PHILIP A 1101 18TH PLACE VERO BEACH, FL 32960			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, ROY H		NAME	
STREET ADDRESS	1101 18TH PLACE		STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, PHILIP A		NAME	
STREET ADDRESS	1101 18TH PLACE		STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOHUIS, NEAL R		NAME	
STREET ADDRESS	1101 18TH PLACE		STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURDIE, JOHN		NAME	
STREET ADDRESS	1101 18TH PLACE		STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, JR., ROY H		NAME	
STREET ADDRESS	1101 18TH PLACE		STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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> 		Neal R. Lohuis, Treasurer		4/25/06 (772) 778-8240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #

40013000



01042006 Chg-P CR2E034 (11/05)