2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# F98000001984

Entity Name: REGENCY AFFILIATES, INC.

Current Principal Place of Business:

610 NE JENSEN BEACH BLVD
JENSEN BEACH, FL 34957 US

New Principal Place of Business:

Current Mailing Address:

610 NE JENSEN BEACH BLVD
JENSEN BEACH, FL 34957 US

New Mailing Address:

FEI Number: 72-0888772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAZI, LEIF
217 E. OCEAN BLVD.
STUART, FL 349952846 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: CEOP ( ) Delete
Name: LEVY, LAURENCE S
Address: 461 FIFTH AVE, 25TH FLR
City-St-Zip: NEW YORK, NY 10017

Title: C ( ) Delete
Name: LEVY, LAURENCE S
Address: 461 FIFTH AVE, 25TH FLR
City-St-Zip: NEW YORK, NY 10017

Title: CFO ( ) Delete
Name: HASSON, NEIL N
Address: 461 FIFTH AVE, 25TH FLR
City-St-Zip: NEW YORK, NY 10017

Title: S ( ) Delete
Name: ZELINSKI, CAROL
Address: 461 FIFTH AVE, 25TH FLR
City-St-Zip: NEW YORK, NY 10017

Title: D ( ) Delete
Name: GLASSER, ERROL
Address: 505 PARK AVE STE 1902
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LAURENCE S. LEVY CEOP 03/10/2009

Electronic Signature of Signing Officer or Director Date