


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90177 002 \*\*\*150.00

<b>DOCUMENT # G80210</b>	
1. Entity Name THE REGENCY ORGANIZATION, INC.	

Principal Place of Business 3030 N. ROCKY POINT DRIVE WEST, SUITE 350 TAMPA, FL 33607 US	Mailing Address 24025 PARK SORRENTO SUITE 400 CALABASAS, CA 91302 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

90070000



04132006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301	
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4. FEI Number 59-2367217	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLSON, LARRY T 3030 N. ROCKY POINT DRIVE WEST, SUITE 350 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	* Please See Attached <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WRIGHT, WILLIAM 255 PINE AVENUE NORTH OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	for Additional Officers * <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GECKLE, TIMOTHY J 24025 PARK SORRENTO, SUITE 400 CALABASAS, CA 91302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Geckle, Timothy J. 24025 Park Sorrento, Suite 400 Calabasas, CA 91302 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MENTCH, RENE L 24025 PARK SORRENTO, SUITE 400 CALABASAS, CA 91302 <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	AT BRITTON, HARRIET A 24025 PARK SORRENTO, #400 CALABASAS, CA 91302 <input checked="" 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	T LOWE, CATHEY S 24025 PARK SORRENTO, SUITE 400 CALABASAS, CA 91302 <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: René L. Montch 4/28/06 (818) 223-7538  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

ATTACHMENT

~~#G80210~~

40078684

**THE REGENCY ORGANIZATION, INC.**

**List of Additional Officers**

Corporate Identification No.: G80210  
Federal Identification No.: 59-2367217

**OFFICERS:**

Secretary	Sheri L. Markham 24025 Park Sorrento, Suite 400 Calabasas, CA 91302
Assistant Secretary	Andrea L. Riordan 24025 Park Sorrento, Suite 400 Calabasas, CA 91302
Assistant Treasurer	Kim Nelson 24025 Park Sorrento, Suite 400 Calabasas, CA 91302