

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90085 040 \*\*\*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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2367217</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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) Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
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	
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	ATTACHED FOR ADDL OFFICERS *	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GECKLE, TIMOTHY J 24025 PARK SORRENTO SUITE 700 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	S Markham, Sheri L. 24025 Park Sorrento, Suite 400 Calabasas, CA 91302 <input checked="" 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Milne, Gordon A. 24025 Park Sorrento, Suite 400 Calabasas, CA 91302 <input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> <i>René L. Mentch</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			René L. mentch <i>4/30/07</i> (818) 223-7538 Date Daytime Phone #		

ATTACHMENT  
40105535

THE REGENCY ORGANIZATION, INC.

**List of Additional Officers**

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

OFFICERS:

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