


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J30462</b>	
1. Entity Name <b>REGENT BANK INSURANCE SERVICES, INC.</b>	

Principal Place of Business <b>2205 S. UNIVERSITY DR. DAVIE FL 33324</b>	Mailing Address <b>2205 S. UNIVERSITY DR. DAVIE FL 33324</b>
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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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent  <b>WEBBER, BARRY S 4430 S.W. 64TH AVENUE DAVIE FL 33314</b>	
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4. FEI Number <b>59-2727555</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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.

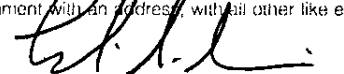
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title. If applicable. (NOTE: Registered Agent signature required when registering.)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	V <input type="checkbox"/> Delete
NAME	<b>OWEN, PAMELA J</b>
STREET ADDRESS	<b>1 SELKIRK CT</b>
CITY - ST - ZIP	<b>SIMPSONVILLE SC 29681</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>GRAY, RICHARD J</b>
STREET ADDRESS	<b>77 S BIRCH RD 4B</b>
CITY - ST - ZIP	<b>PEMBROKE PINES FL 33027</b>
TITLE	DC <input type="checkbox"/> Delete
NAME	<b>SPIRO, CYRIL S</b>
STREET ADDRESS	<b>712 SOLAR ILSE DRIVE</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	DP <input type="checkbox"/> Delete
NAME	<b>LECORNGNE, NEILL</b>
STREET ADDRESS	<b>720 LAUREL LANE WEST</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL 33027</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **Cyril S. Spiro** **2/13/08** **954-474-5000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date to Phone #