2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# J98729

Entity Name: REGENCY SQUARE, INC.

Current Principal Place of Business:

114 ANNWOOD RD
PALM HARBOR, FL 34685 US

New Principal Place of Business:

2815 FOX SQUIRREL DRIVE
PALM HARBOR, FL 34684 US

Current Mailing Address:

114 ANNWOOD RD
PALM HARBOR, FL 34685 US

New Mailing Address:

2815 FOX SQUIRREL DRIVE
PALM HARBOR, FL 34684 US

FEI Number: 59-2862506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEHFAR, FARID
114 ANNWOOD RD
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

BEHFAR, FARID
2815 FOX SQUIRREL DRIVE
PALM HARBOR, FL 34684 US

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: 01/08/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BEHFAR, FARID,
Address: 114 ANNWOOD RD
City-St-Zip: PALM HARBOR, FL 34685

Title: V ( ) Delete
Name: BEHFAR, MOHAMMED
Address: 223 LAKE ELLEN DR
City-St-Zip: CASSELBERRY, FL 32707

Title: S ( ) Delete
Name: BEHFAR, ANN, S,
Address: 114 ANNWOOD RD
City-St-Zip: PALM HARBOR, FL 34685

Title: T ( ) Delete
Name: HOLLY, JERIDI
Address: 646 CONVERSE RD
City-St-Zip: LONGMEADOW, MA 01106

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BEHFAR, FARID,
Address: 2815 FOX SQUIRREL DRIVE
City-St-Zip: PALM HARBOR, FL 34684

Title: V (X) Change ( ) Addition
Name: BEHFAR, MOHAMMED
Address: 2815 FOX SQUIRREL DRIVE
City-St-Zip: PALM HARBOR, FL 34684

Title: S (X) Change ( ) Addition
Name: BEHFAR, ANN, S,
Address: 2815 FOX SQUIRREL DRIVE
City-St-Zip: PALM HARBOR, FL 34684

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: FARID BEHFAR P 01/08/2009
Electronic Signature of Signing Officer or Director — Date