## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000048776

Entity Name: REGENCY DESIGN CENTER INC.

FILED Jul 08, 2005 Secretary of State

|   | e. REGERE  | or Beolow Celviels, iivo.   |   |  |  |
|---|--|---|---|--|--|
| Current Principal Place of Business:          |  |   | New Principal Place of Business:            |  |  |
|   | IINGTON PLAG<br>RTH, FL 3346                       |   |   |  |  |
| Current Mailing Address:                      |  |   | New Mailing Address                         | New Mailing Address:                         |  |
|   | ILTON CIRCLE<br>RTH, FL 3346                       |   |   |  |  |
| FEI Number                                    | : 65-0540510                                       | FEI Number Applied For()  | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |   | Name and Address o                          | Name and Address of New Registered Agent:    |  |
| 6964 HOU                                      | RE, KAREN<br>ILTON CIRCLE<br>RTH, FL 3346          |   |   |  |  |
|   | e named entity<br>e of Florida.                    | submits this statement for the                                      | purpose of changing its registere           | d office or registered agent, or both,       |  |
| SIGNATUI                                      |  |   |   |  |  |
|   | Electron   | nic Signature of Registered Ag                                      | ent   | Date   |  |
|   |  | 3(2)(b), F.S., the corporation did nog Trust Fund Contribution ( ). | ot receive the prior notice.                |  |  |
| OFFICERS AND DIRECTORS:                       |  |   | ADDITIONS/CHANGI                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P (<br>LAROSIERE, k<br>6964 HOULTOI<br>LAKE WORTH, | N CIRCLE  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VS (<br>TOMMASINO, 6732 REMING<br>LAKE WORTH,      | FON DRIVE   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KAREN LAROSIERE P 07/08/2005