
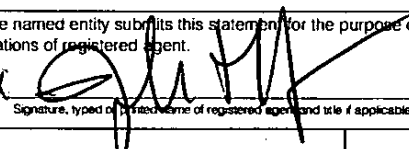
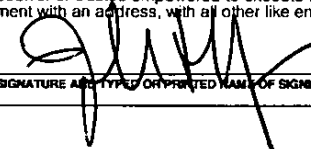


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90002 044 ***150.00

DOCUMENT # P01000007202 1. Entity Name REGENT CONFECTIONS, INC.					
Principal Place of Business 437 HARBOUR OAKS POINTE DR. ORLANDO, FL 32809			Mailing Address 300 SEVILLA AVENUE SUITE 215 CORAL GABLES, FL 33134		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip			3. Mailing Address 1501 VENERA AVENUE SUITE 223 CORAL GABLES, FL 33146 City & State Zip		
Country USA			50001638 		01062005 Chg-P CR2E034 (10/03)
4. FEI Number 52-2810124			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent YEAGER, JOHN F 300 SEVILLA AVENUE SUITE 215 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name YEAGER, JOHN F. Street Address (P.O. Box Number is Not Acceptable) 1501 VENERA AVENUE SUITE 223 CORAL GABLES, FL 33146		
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: 1/6/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00.			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLINER, KAREN 118 LONDON KINGSTON SURREY, ENGLAND, kt26qa	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YEAGER, JOHN F 300 SEVILLA AVENUE, #215 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IQBAL, KAUSER 437 HARBOUR OAKS POINTE DR. ORLANDO, FL 32809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  (SEC)			Date: 1/6/05 Daytime Phone #: 305-444-2727		