## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2005 08:00 AM Secretary of State

ANNUAL REPORT			Company of C4-4-			
DOCUMENT # P01000051432  1. Entity Name DOLLS AND THINGS BY REGINA, INC.			Sec	retary of St	ate	
923 SW 101ST WAY	tailing Address 923 SW 101ST WAY PEMBROKE PINES, FL 33025	5572	1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </b>	<b>2018)</b> (1811 <b>23</b> 111 <b>23</b> 111 <b>25</b> 111	Marios annos 11011 alsodo 51410 51010 d. 1	3)
DO NOT WRITE IN THIS SPACE		04252005 4. FEI Numbe	No Chg-P	CR2E034 (10/03)		
			65-110 5. Certificate	7940 of Status Desired	\$8.75 Addition Fee Required	plicable
6. Name and Address of Current Region BROWN, JEANNETTE B 923 SW 101ST WAY PEMBROKE PINES, FL 33025-5572	stered Agent			NOT W		
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  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)  DATE					accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees			
10. ÖFFICERS AND DIRE	CTORS	I				3 m 202 17
TITLE				UCO00C 04/29/05-	1342111 180043-019 158.	75
TITLE SD  NAME NORWOOD, SHERYLL W  STREET ADDRESS 6200 29TH ST. SOUTH  CITY-ST-ZIP SAINT PETERSBURG, FL 33712  TITLE D  NAME BRYANT, FREDONIA H		and the second seco		NOT W		2
STREET ADDRESS 869 BARBER STREET CITY-ST-ZIP SEBASTIAN, FL 32958  TITLE NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	<u> </u>	1.115-11151	<del></del>	<del></del>	

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 attackment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25,2005 954-433-44/7