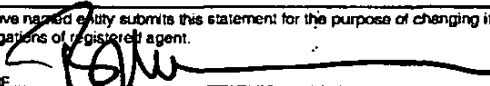
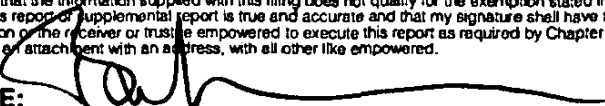


FILED
May 20, 2005 8:00 am
Secretary of State

04-20-2005 90329 027 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000100687		
1. Entry Name REGENCY VENTURES GROUP, INC.		
Principal Place of Business 142 LOST BRIDGE DR PALM BEACH, FL 33410		Mailing Address 142 LOST BRIDGE DR PALM BEACH, FL 33410
2. Principal Place of Business 1085 SEAGRASS ROAD Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.
City & State LANTANA, FL		City & State Same
Zip 33462	Country	Zip 33462
4. FEI Number 27-0030935		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MATOS, BERNARD 142 LOST BRIDGE DR PALM BEACH, FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1085 SEAGRASS ROAD City LANTANA FL Zip Code 33462
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: 4/1/05 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-nominating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MATOS, BERNARD 142 LOST BRIDGE DR PALM BEACH GARDENS, FL 33410 ADDRESS CHANGE ONLY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST 1085 SEAGRASS Rd LANTANA, FL 33462	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:  DATE: 4/1/05 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		