2005 FOR PROFIT CORPORATION

ANNUAL REPORT

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90225 024 ***150.00 DOCUMENT # P03000062040 REGÉNT ONE, INC. Principal Place of Business Mailing Address 14006877 10001 PARADISE BLVD. 10001 PARADISE BLVD. TREASURE ISLAND, FL 33706 TREASURE ISLAND, FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152005 CR2E034 (10/03) Chg-P City & State City & State 4, FEI Number Applied For 30-0188679 Not Applicable Zia Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE, STEVEN W Street Address (P.O. Box Number is Not Acceptable) C/O STEVEN W. MOORE, P.A. 8200 BRYAN DAIRY RD., STE. 300 LARGO, FL 33777 City Zip Code FI 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Change Addition TITLE Delete GIBELLINA, RONALD S NAME NAME STREET ADDRESS 6363 1ST AVE. NORTH STREET ADDRESS SAINT PETERSBURG, FL 337108415 CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE Change Addition GIBELLINA, REGINA NAME NAME 10001 PARADISE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TREASURE ISLAND, FL 33706 CITY-ST-ZIP TITLE ☐ Change TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT1 F TITLE Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 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.

FILED