


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 08:00 A
Secretary of State

DOCUMENT # P03000072311 1. Entity Name REGMEE, INC.	
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Principal Place of Business 15505 EASTBOURN DR ODESSA, FL 33556	Mailing Address 15505 EASTBOURN DR ODESSA, FL 33556
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DO NOT WRITE IN THIS SPACE



03222007 No Chg-P CR2E034 (11/05)

4. FEI Number 61-1453638	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS-SANON, MERIDITH E
15505 EASTBOURN DR
ODESSA, FL 33556

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000764771 05/31/07-80009-016 8.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS-SANON, MERIDITH E 15505 EASTBOURN DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANON, REGINALD 15505 EASTBOURN DR ODESSA, FL 33556
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05/31/07-80009-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Meridith Thomas Sanon* **MERIDITH THOMAS SANON** 813 9208695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #