

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90147 018 \*\*\*150.00

<b>DOCUMENT # P03000099985</b>	
1. Entity Name REGINA ESTATES DEVELOPMENT, INC.	



Principal Place of Business 32801 US HWY 19 NORTH SUITE 100 PALM HARBOR, FL 34684 US	Mailing Address 32801 US HWY 19 NORTH SUITE 100 PALM HARBOR, FL 34684 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



01152007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent WHITE, LANGFRED W 32801 US HWY 19 NORTH SUITE 100 PALM HARBOR, FL 34684	7. Name and Address of New Registered Agent Name <u>UCC FILING + SEARCH SERVICES, INC.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1574 VILLAGE SQUARE BLVD. #100</u> City <u>TALLAHASSEE</u> FL Zip Code <u>32309</u>
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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 AGISON HAND ASST SEC DATE 4/11/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLANES, REGINA 32801 US HWY 19 NORTH SUITE 100 PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD PLANES, WILLIAM SR. 32801 US HWY 19 NORTH SUITE 100 PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,D PLANES, WILLIAM II 32801 US HWY 19 NORTH SUITE 100 PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS.DIR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD WHITE, LANGFRED W 32801 US HWY 19 NORTH SUITE 100 PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32815 U.S. HWY. 19 No. PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR.VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PAUL AIELLO 32801 US HWY 19 NORTH SUITE 100 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHEAWN BROWN 32801 US HWY 19 NORTH SUITE 100 PALM HARBOR, FL 34684

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: William Planes Sr. CEO 4/10/2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1CC885