

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000143469**

**1. Entity Name**  
**REGULATORY EXPRESS, INC.**



**Principal Place of Business**  
**4706 N. THATCHER AVENUE**  
**TAMPA, FL 33543**

**Mailing Address**  
**27021 ARROWBROOK WAY**  
**WESLEY CHAPEL, FL 33543 US**



**01182006 No Chg-P CRZE034 (11/05)**

**4. FEI Number**  
**20-0445933**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SUDNAK, PAUL J**  
**27021 ARROWBROOK WAY**  
**WESLEY CHAPEL, FL 33543**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be**  
**Trust Fund Contribution. Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                       |                                |
|-----------------------|--------------------------------|
| <b>TITLE</b>          | <b>P</b>                       |
| <b>NAME</b>           | <b>SUDNAK, PAUL J</b>          |
| <b>STREET ADDRESS</b> | <b>27021 ARROWBROOK WAY</b>    |
| <b>CITY-ST-ZIP</b>    | <b>WESLEY CHAPEL, FL 33543</b> |
| <b>TITLE</b>          |                                |
| <b>NAME</b>           |                                |
| <b>STREET ADDRESS</b> |                                |
| <b>CITY-ST-ZIP</b>    |                                |
| <b>TITLE</b>          |                                |
| <b>NAME</b>           |                                |
| <b>STREET ADDRESS</b> |                                |
| <b>CITY-ST-ZIP</b>    |                                |
| <b>TITLE</b>          |                                |
| <b>NAME</b>           |                                |
| <b>STREET ADDRESS</b> |                                |
| <b>CITY-ST-ZIP</b>    |                                |
| <b>TITLE</b>          |                                |
| <b>NAME</b>           |                                |
| <b>STREET ADDRESS</b> |                                |
| <b>CITY-ST-ZIP</b>    |                                |

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**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 all other like empowered.**

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/1/06 813+872+7768**

Date

Daytime Phone #