2008 FOR PROFIT CORPORATION

Jan 14, 2008 08:00 Al 1% **ANNUAL REPORT** Secretary of State **DOCUMENT # P05000010069** 1. Entity Name REGDOBS, INC. Principal Place of Business Mailing Address 306 MAGNOLIA AVE. 306 MAGNOLIA AVE. P.O. BOX 1670 P.O. BOX 1670 ANNA MARIA, FL 34216 ANNA MARIA, FL 34216 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2092720 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BODGER, JOHN DO NOT WRITE 306 MAGNOLIA AVE ANNA MARIA, FL 34216 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) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE BODGER, JOHN NAME STREET ADDRESS 306 MAGNOLIA AVE. CITY-ST-ZIP ANNA MARIA, FL 34216 U00000782762 01/15/08-80088-008 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED