



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000048778 1. Entity Name REGO FLORIDA CORPORATION						<div style="text-align: right;"> FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 APR 25 AM 11:29 </div>	
Principal Place of Business 771 SOUTH BARFIELD DRIVE MARCO ISLAND, FL 34145				Mailing Address 771 SOUTH BARFIELD DRIVE MARCO ISLAND, FL 34145			
2. Principal Place of Business 50 Rose 2110 Imperial GC Blvd.		3. Mailing Address 50 Rose 2110 Imperial GC Blvd.					
Suite, Apt. #, etc. GC Blvd.		Suite, Apt. #, etc. GC Blvd.		04182006 Chg-P CR2E034 (11/05)		4. FEI Number 14-1958165	
City & State Naples FL		City & State Naples, FL		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34110		Country USA		6. Name and Address of Current Registered Agent SCOLA, MARC 771 SOUTH BARFIELD DRIVE MARCO ISLAND, FL 34145		7. Name and Address of New Registered Agent Name Stanley F. Rose Street Address (P.O. Box Number is Not Acceptable) 2110 Imperial GC Blvd City Naples FL Zip Code 34110	
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 Stanley F. Rose Stanley F. Rose 4/24/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOBBERS, DIETER 771 SOUTH BARFIELD DRIVE MARCO ISLAND, FL 34145			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, VP, S, T Gobbers, Dieter 2110 Imperial GC Blvd Naples, FL 34110		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: Dieter Gobbers DG <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/24/06 2373663511 <small>Daytime Phone #</small>			

4/25/06