

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000050950 1. Entity Name REGISTRY SERVICES, INC.					
Principal Place of Business 4521 PGA BOULEVARD SUITE 407 PALM BEACH GARDENS, FL 33418			Mailing Address 4521 PGA BOULEVARD SUITE 407 PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0539224	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, SUSAN 4521 PGA BOULEVARD SUITE 407 PALM BEACH GARDENS, FL 33418				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Susan Johnson</i> 9/15/06 <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 \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOCK, LISA		NAME		
STREET ADDRESS	4521 PGA BOULEVARD, SUITE 407		STREET ADDRESS	600080870456	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	10/15/06--01029--010 **750.00	
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOCK, LISA		NAME		
STREET ADDRESS	4521 PGA BOULEVARD, SUITE 407		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
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NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Lisa Bock</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date 9/15/06 Daytime Phone # 561-234-3230		