2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 26, 2007 8:00 am Secretary of State 03-26-2007 90051 044 ***150.00 DOCUMENT # P0600003270 REGENT INTERIORS OF CENTRAL FLORIDA, INC. 100040001 Principal Place of Business Mailing Address 1048 RESERVE PLACE 1048 RESERVE PLACE DAVENPORT, FL 33896 DAVENPORT, FL 33896 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3459 Edgewater Dr 3459 Edgewater Dr Suite, Apt. #, etc. Suite, Apt. #. etc. 03162007 Chg-P CR2E034 (12/06) City & State 4. FEI Number 20-4077091 Applied For City & State Orlando, Fl <u>Orlando. Fl</u> Not Applicable Country ^{zi}32804 Country 32804 \$8.75 Additional 5. Certificate of Status Desired **USA USA** 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ^{Nam}Alan Fenn<u>e</u>ll A H GANTT CPA & ASSOCIATES PA Street Address (P.O. Box Number is Not Acceptable) 3459 Edgewater Dr 3359 W VINE ST 104 KISSIMMEE, FL 34741 Orlando Zip Code 32804 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 03-21-07. SIGNATURE Signatur Alan Fennell President printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ■ Addition Delete TITLE Change FENNELL, ALAN NAME NAME 3459 Edgewater Dr STREET ADDRESS 1048 RESERVE PLACE STREET ADDRESS Orlando, FL 32804 CITY - ST - ZIP DAVENPORT, FL 33896 CITY-ST-7IP TETLE ☐ Defete TITLE ■ Addition FENNELL, LINDA NAME 3459 Edgewater Dr STREET ADDRESS STREET ADDRESS 1048 RESERVE PLACE Orlando, FL 32804 CITY - ST - ZIP DAVENPORT, FL 33896 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Addition TITLE ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this fitting 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 movement 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 my across with all other like empowered.

Alan Fennell

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED