
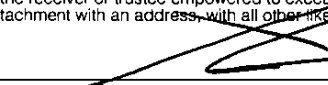


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90210 046 ***150.00

DOCUMENT # P06000037802 1. Entity Name REGENCY CONSTRUCTION OF PALM BEACH COUNTY CORPORATION					
Principal Place of Business 925 S. MILITARY TRL., BLDG. D, UNIT #3 WEST PALM BEACH, FL 33415-3909			Mailing Address 925 S. MILITARY TRL., BLDG. D, UNIT #3 WEST PALM BEACH, FL 33415-3909		
2. Principal Place of Business - No P.O. Box # 2361 Vista Parkway Suite, Apt. #, etc. Suite 10 City & State West Palm Beach Zip 33411		3. Mailing Address 2361 Vista Parkway Suite, Apt. #, etc. Suite 10 City & State West Palm Beach Zip 33411			
Country Palm Beach		Country Palm Beach			
6. Name and Address of Current Registered Agent STAMPER, SCOTT P 925 S. MILITARY TRL., BLDG. D, UNIT #3 WEST PALM BEACH, FL 33415-3909			7. Name and Address of New Registered Agent Name Scott P. Stamper Street Address (P.O. Box Number is Not Acceptable) 2361 Vista Parkway, Suite 10 City West Palm Beach FL Zip Code 33411		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P STAMPER, SCOTT P 17580 DANIEL COURT CLINTON TOWNSHIP, MI 48036		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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:  Scott P. Stamper 4/13/07 561-616-5959 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					