


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000126545**

1. Entity Name  
 GOVERNMENTAL REGULATORY ASSOCIATES, INC.



Principal Place of Business  
 1555 PALM BEACH LAKES BLVD.  
 SUITE 1510  
 WEST PALM BEACH, FL 33401

Mailing Address  
 1555 PALM BEACH LAKES BLVD.  
 SUITE 1510  
 WEST PALM BEACH, FL 33401

**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 20-5649710 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KANIUK, RONALD SCOTT  
 1555 PALM BEACH LAKES BLVD.  
 SUITE 1510  
 WEST PALM BEACH, FL 33401

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

000000857816  
 04/01/08-80017-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TAPLIN, NORMAN E
STREET ADDRESS	1555 PALM BEACH LAKES BLVD., SUITE 1510
CITY-ST-ZIP	WEST PALM BEACH, FL 33496
TITLE	VP
NAME	TAPLIN, KAREN
STREET ADDRESS	1555 PALM BEACH LAKES BLVD., SUITE 1510
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VP
NAME	WOOLEY, DEREK
STREET ADDRESS	1555 PALM BEACH LAKES BLVD., SUITE 1510
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	S/TR
NAME	KANIUK, RONALD SCOTT
STREET ADDRESS	1555 PALM BEACH LAKES BLVD., SUITE 1510
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_