2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000075890

Entity Name: REGENCY CONSULTING SERVICES, INC.

FILED Apr 21, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

17050 NORTH BAY RD., STE. #308 17050 NORTH BAY ROAD

SUNNY ISLES BEACH, FL 33160 308

SUNNY ISLES BEACH, FL 33160

Current Mailing Address: New Mailing Address:

17050 NORTH BAY RD., STE. #308 17050 NORTH BAY ROAD

SUNNY ISLES BEACH, FL 33160

SUNNY ISLES BEACH, FL 33160

FEI Number: 26-0458743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHARON, DANIEL SHARON, DANIEL 17050 NORTH BAY RD., STE. #308 SHARON, DANIEL 17050 NORTH BAY ROAD

SUNNY ISLES BEACH, FL 33160 US 308 SUNNY ISLES BEACH, FL 33160 US

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.

SIGNATURE: 04/21/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: SHARON, DANIEL

Address: 17050 NORTH BAY RD., STE. #308 City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: DIR

Name: LAX, JANNA M SHARON

Address: 17050 NORTH BAY RD., STE. #308 City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VP

 Name:
 SHARON, DANIEL

 Address:
 17050 NORTH BAY ROAD

 City-St-Zip:
 SUNNY ISLES BEACH, FL 33160

Title: SECT

Name: LAX, JANNA

Address: 17050 NORTH BAY ROAD
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: TREA

 Name:
 SHARON, DANIEL

 Address:
 17050 NORTH BAY ROAD

 City-St-Zip:
 SUNNY ISLES BEACH, FL 33160

Title: DIR

 Name:
 SHARON, DANIEL

 Address:
 17050 NORTH BAY ROAD

 City-St-Zip:
 SUNNY ISLES BEACH, FL 33160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL SHARON PRES 04/21/2012