

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90047 029 \*\*\*150.00

<b>DOCUMENT # P94000088873</b> 1. Entity Name <b>REGENT INTERNATIONAL REALTY, INC.</b>					
Principal Place of Business <b>7801 WIRLO BRONSON MEM HWY</b> <b>SUITE B</b> <b>KISSIMMEE, FL 34747-1760 US</b> ↓ Update ↓			Mailing Address <b>7801 WIRLO BRONSON MEM HWY</b> <b>SUITE B</b> <b>KISSIMMEE, FL 34747-1760 US</b> ↓ Update ↓		
2. Principal Place of Business - No P.O. Box # <b>10201 Emerald Woods Ave</b>		3. Mailing Address <b>10201 Emerald Woods Ave</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03182008    Chg-P    CR2E034 (12/06)	
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>		4. FEI Number <b>59-3290748</b>	
Zip <b>32836</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LENOX, DAVID R ESQ.</b> <b>201 EAST PINE STREET STE. #500</b> <b>ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <b>3/18/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LENOX, KATHRYNE M 7801 WIRLO BRONSON MEM HWY KISSIMMEE, FL 34747 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Lenox, Kathryne M 10201 Emerald Woods - Orlando FL 32836 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LENOX, DAVID R 7801 WIRLO BRONSON MEM HWY ORLANDO, FL 34747 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Lenox, David R 10201 Emerald Woods Ave Orlando FL 32836 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: _____ DATE <b>3/18/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					