


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000017677

1. Entity Name
REGENCY MGP CORP.



Principal Place of Business
C/O NORMAN G ORODENKER
10 WEYBOSSET ST 10TH FL
PROVIDENCE, RI 02903-2818 US

Mailing Address
C/O NORMAN G ORODENKER
10 WEYBOSSET ST 10TH FL
PROVIDENCE, RI 02903-2818 US

DO NOT WRITE IN THIS SPACE



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-3840323

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

AXELROD, ALAN D
2500 FIRST UNION FINANCIAL CENTER
MIAMI, FL 33131

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, 2006 Fee will be \$550.00

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

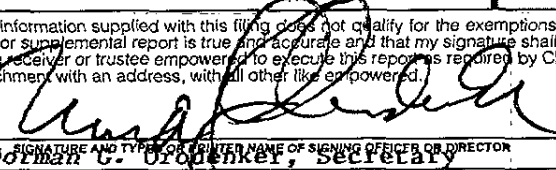
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02/01/06-80033-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COHEN, DANIEL
STREET ADDRESS	1 KENNEY DRIVE
CITY-ST-ZIP	CRANSTON, RI 02920
TITLE	T
NAME	BROWN, DOUGLAS
STREET ADDRESS	1 KENNEY DR
CITY-ST-ZIP	CRANSTON, RI 02920
TITLE	S
NAME	ORODENKER, NORMAN G
STREET ADDRESS	10 WEYBOSSET ST 10TH FL
CITY-ST-ZIP	PROVIDENCE, RI 02903
TITLE	D
NAME	SCHRETTER, BERNHARD
STREET ADDRESS	115 CONSTITUTION BLVD
CITY-ST-ZIP	FRANKLIN, MA 02038
TITLE	D
NAME	PORETSKY, JOEL
STREET ADDRESS	405 LEXINGTON AVE
CITY-ST-ZIP	NEW YORK, NY 10174
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
NORMAN G. ORODENKER, Secretary

1/13/06 **401-456-1200**
Date Daytime Phone #