


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000026483</b>	
1. Entity Name REGAL CLOSET INTERIORS, INC.	

Principal Place of Business 209 E PALMETTO PARK RD BOCA RATON, FL 33432 US	Mailing Address 209 E. PALMETTO PARK RD BOCA RATON, FL 33432 US
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**DO NOT WRITE IN THIS SPACE**



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0658177	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent  CARR, PATRICIA 209 E PALMETTO PARK ROAD BOCA RATON, FL 33432	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARR, PATRICIA 209 E PALMETTO PARK RD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THUN, LEONARD 4791 BOCAIRE BLVD. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HICKS, PAUL 8600 N.W. S RIVER DR., STE. 159 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SWEENEY, ROBERT 8600 N.W. S RIVER DR., STE. 159 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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05/03/05-80060-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patricia J. Carr Patricia J. Carr 4/29/05 (561) 338-3250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #