


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90400 023 \*\*\*150.00

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

Principal Place of Business <b>209 E PALMETTO PARK RD BOCA RATON, FL 33432 US</b>	Mailing Address <b>209 E. PALMETTO PARK RD BOCA RATON, FL 33432 US</b>
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2. Principal Place of Business <b>103 E Palmetto Park Rd Boca Raton, FL</b>	3. Mailing Address <b>103 E Palmetto Park Rd Boca Raton, FL</b>
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City & State <b>33432-4818 Palm Beach</b>	City & State <b>33432-4818 Palm Beach</b>
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6. Name and Address of Current Registered Agent <b>CARR, PATRICIA 209 E PALMETTO PARK ROAD BOCA RATON, FL 33432</b>	
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**40057754**



01262006 Chg-P CR2E034 (11/05)

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

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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	<b>PD</b> <b>CARR, PATRICIA</b> <b>209 E PALMETTO PARK RD</b> <b>BOCA RATON, FL</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>103 E Palmetto PARK ROAD</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>THUN, LEONARD</b> <b>4791 BOCAIRE BLVD.</b> <b>BOCA RATON, FL</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>HICKS, PAUL</b> <b>8600 N.W. S RIVER DR., STE. 159</b> <b>MIAMI, FL</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <b>SWEENEY, ROBERT</b> <b>8600 N.W. S RIVER DR., STE. 159</b> <b>MIAMI, FL</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:** *Patricia J. Carr* **Patricia J. Carr, president** *4/20/06* *(561) 338-3250*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #