


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90295 026 ***150.00

DOCUMENT # P96000041652
 1. Entity Name
 REGIONAL PROPERTY MANAGEMENT, INC.



Principal Place of Business Mailing Address
 5511 HANSEL AVE 5511 HANSEL AVE
 ORLANDO, FL 32809 ORLANDO, FL 32809

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04102006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3385705 Applied For Not Applicable

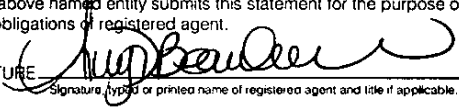
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

HOOKER, AMY
 5511 HANSEL AVE
 ORLANDO, FL 32809

Name Amy Beaulieu
 Street Address (P.O. Box Number is Not Acceptable) 5511 Hansel Ave
 City Orlando FL Zip Code 32809

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 4/10/06
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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOOKER, DOUGLAS P			NAME			
STREET ADDRESS	5511 HANSEL AVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32809			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOOKER, J D			NAME			
STREET ADDRESS	5511 HANSEL AVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32809			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEAULIEU, AMY D			NAME	Beaulieu, Amy D		
STREET ADDRESS	5511 HANSEL AVE			STREET ADDRESS	5511 Hansel Ave		
CITY-ST-ZIP	ORLANDO, FL 32809			CITY-ST-ZIP	ORLANDO, FL 32809		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 4/10/06 DAYTIME PHONE # 407-851-1519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR