


DOCUMENT # P96000085564

1. Entity Name

ROYAL BY APPOINTMENT, INC.

00037956



Principal Place of Business		Mailing Address	
1503 INDIAN OAKS TRAIL KISSIMMEE FL 34747 US		P.O. BOX 470792 CE CELEBRATION FL 36747 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		1503 INDIAN OAKS TRAIL Suite, Apt. #, etc.	
City & State		City & State KISSIMMEE, FL	
Zip	Country	Zip	Country
		34747	USA.


4. FEI Number 59-3426390	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GREGOR, IAIN
1503 INDIAN OAKS TRL
KISSIMMEE FL 34746

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

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.

SIGNATURE  IAIN GREGOR 03/16/01.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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[illegible][illegible]

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  IAIN GREGOR 03/16/01 407-396-2992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #