2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000030161

Entity Name: REGAL OAKS DEVELOPMENT GROUP INC.

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	GON CHICKAI ILLE, FL 3461				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX 5223 SPRING HILL, FL 34611					
FEI Number: 59-3502585 FEI Number Applied For () FEI Nu		FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	ALE J STREET SOU RSBURG, FL				
The above in the State		submits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Agen	t	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PDS () CARPENTER, G PO BOX 6198 SPRING HILL, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPDT () APPLE, GALE 3 1187 79 ST SO ST PETE, FL 3	UTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () APPLE, NORM/ 1187 79 ST SO ST PETE, FL 3	UTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	APPLE, PHILLÍÍ 6751 1 AVE S	Delete B BURG, FL 33707	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CARPENTER, T 8 ROTTERDAM		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY E. CARPENTER PDS 04/10/2009