2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000011416 1. Entity Name REGÉNESIS NOW, INC. Principal Place of Business Malling Address



FILED Aug 28, 2007 08:00 AM Secretary of State

1500 CORPORATE CENTER HWY., SUITE 101	
WELLINGTON, FL 33414	

1500 CORPORATE CENTER HWY., SUITE 101 WELLINGTON, FL 33414



DO NOT WRITE IN THIS SPA	ACE
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6. Name and Address of Current Registered Agent

08022007 No Chg-P		CR2E034 (11/05)		
4. FEI Number 65-0902374			Applied For	
			Not Applicable	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

KLEIN, STUART B 1551 FORUM PLACE, SUITE 400B W. PALM BCH, FL 33401

SIGNATURE: 4

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plans of registered egent.	ourpose of changing its regi	stered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	fapplicable. (NOTE: Reg	stered Agent signature	raquired when reinstaling)	, DATE
	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007	Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D BAFITIS, HAROLD 1500 CORPORATE CENTER HWY., S WELLINGTON, FL 33414				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				0	000000772784 8/28/07-80003-016 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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.					

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR