

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109095

Entity Name: REGENESIS CENTERS, INC.

FILED
Apr 10, 2008
Secretary of State

Current Principal Place of Business:

900 N FEDERAL HWY
SUITE 260
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

900 N FEDERAL HWY
SUITE 260
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 65-0968840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INVERNALE, ANNE
101 PLAZA REAL SOUTH
APT 934
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

INVERNALE, ANNE
900 N FEDERAL HWY
SUITE 260
BOCA RATON, FL 33432 US

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:

04/10/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: INVERNALE, ANNE
Address: 101 PLAZA REAL SOUTH, APT. 934
City-St-Zip: BOCA RATON, FL 33432 US

Title: C () Delete
Name: KALLAN, MARK
Address: 900 N FEDERAL HWY., SUITE 260
City-St-Zip: BOCA RATON, FL 33432 US

Title: VS () Delete
Name: BRESLAUER, GERALD
Address: 900 N FEDERAL HWY., SUITE 260
City-St-Zip: BOCA RATON, FL 33432 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: INVERNALE, ANNE
Address: 900 N. FEDERAL HIGHWAY #260
City-St-Zip: BOCA RATON, FL 33432 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANNE INVERNALE

PD

04/10/2008

Electronic Signature of Signing Officer or Director

Date