

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S98194**

1. Entity Name  
**GREETINGS INTERNATIONAL, INC.**



Principal Place of Business  
**7419 U.S. HIGHWAY 19  
NEW PORT RICHEY, FL 34652**

Mailing Address  
**7419 U.S. HIGHWAY 19  
NEW PORT RICHEY, FL 34652**



03082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1975872**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARTER, DAVID R. ESQUIRE  
7419 U.S. HIGHWAY 19  
NEW PORT RICHEY, FL 34652**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

TITLE	PD
NAME	REGAN, DAVID MARK
STREET ADDRESS	REGENT HSE, DOCKFIELD RD
CITY-STATE-ZIP	SHIPLEY, W. YORKSHIRE,
TITLE	TD
NAME	BEST, C.L.
STREET ADDRESS	REGENT HSE, DOCKFIELD RD
CITY-STATE-ZIP	SHIPLEY, W. YORKSHIRE,
TITLE	SD
NAME	REGAN, TERRENCE
STREET ADDRESS	REGENT HOUSE DOCKFIELD RD
CITY-STATE-ZIP	SHIPLEY, W
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

0000001464276  
03/21/06-80110-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **MAR 9-06** Time Phone #