


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # S98194 1. Entity Name GREETINGS INTERNATIONAL, INC.	
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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
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03292007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1975872	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CARTER, DAVID R. ESQUIRE 7419 U.S. HIGHWAY 19 NEW PORT RICHEY, FL 34652
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**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000687772
04/10/07 00051 014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REGAN, DAVID MARK REGENT HSE, DOCKFIELD RD SHIPLEY, W. YORKSHIRE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEST, C.L. REGENT HSE, DOCKFIELD RD SHIPLEY, W. YORKSHIRE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REGAN, TERENCE REGENT HOUSE DOCKFIELD RD SHIPLEY, W
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: TERENCE REGAN MAR-29-07 727-863-7553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #