2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# F02000005383

Entity Name: CLASS.COM, INC.

Current Principal Place of Business:

832 GULF SHORES PARKWAY
GULF SHORES, AL 36542

New Principal Place of Business:

Current Mailing Address:

PO DRAWER 979
GULF SHORES, AL 36547

New Mailing Address:

FEI Number: 63-1202264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DAVIS, M. RAND
Address: PO DRAWER 979
City-St-Zip: GULF SHORES, AL 36547

Title: V ( ) Delete
Name: DAVIS, F.A.
Address: PO DRAWER 979
City-St-Zip: GULF SHORES, AL 36547

Title: ST ( ) Delete
Name: MALONE, ROBERT S
Address: PO DRAWER 979
City-St-Zip: GULF SHORES, AL 36542

Title: V ( ) Delete
Name: MALONE, ROBERT S
Address: PO DRAWER 979
City-St-Zip: GULF SHORES, AL 36547

Title: ST ( ) Delete
Name: MALONE, FRANK E
Address: PO DRAWER 979
City-St-Zip: GULF SHORES, AL 36547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: FRANK MALONE ST 05/04/2005

Electronic Signature of Signing Officer or Director — Date