


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000056511 1. Entity Name CLASSIC HEADLINES INCORPORATED	
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Principal Place of Business CLASSIC HEADLINES, INC. 301 CLEMATIS ST., SUITE 3000 WEST PALM BEACH, FL 33401 US	Mailing Address CLASSIC HEADLINES, INC. 301 CLEMATIS ST., SUITE 3000 WEST PALM BEACH, FL 33401 US
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DO NOT WRITE IN THIS SPACE



03312007 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1178081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLAVIN, RONALD
3315 WASHINGTON ROAD
WEST PALM BEACH, FL 33405

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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 _____ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWELL, DANIEL T 30080 BROOKVIEW LIVONIA, MI 48152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLAVIN, RONALD 3315 WASHINGTON ROAD WEST PALM BEACH, FL 33405
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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: Ronald Flavin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-07 (56)833-3725
Date Daytime Phone #