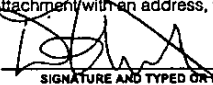


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90055 025 ***150.00

DOCUMENT # P95000023739 1. Entity Name 3D CLASSICS, INC.					
Principal Place of Business 875 MEADOWS RD., #311 BOCA RATON, FL 33486			Mailing Address 875 MEADOWS RD., #311 BOCA RATON, FL 33486		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARTIN, DOUGLAS F 875 MEADOWS RD., #311 BOCA RATON, FL 33486				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete WEI, DAN-WEN 2708 S. SEACREST BLVD. BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Secretary Douglas Martin 875 Meadows Rd. Boca Raton, FL 33486	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Treasurer Douglas Martin 875 Meadows Rd. #311 Boca Raton, FL 33486	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 	
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: 			2/1/2006 561-706-8105 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					