2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#736813

FILED Jul 29, 2009 Secretary of State

Entity Name: THE CLASSIC FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

12286 JOG ROAD 11600 MIRASOL WAY

1999 UNIVERSITY DRIVE #212 PALM BEACH GARDENS, FL 33418 US CORAL SPRINGS, FL 33071 US

Current Mailing Address: New Mailing Address:

1999 UNIVERSITY DRIVE #212 11600 MIRASOL WAY

CORAL SPRINGS, FL 33071 US PALM BEACH GARDENS, FL 33418 US

FEI Number: 59-1926894 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BONHAM, GENE S CPA PA
1999 UNIVERSITY DRIVE SUITE 212
HUWE, VALEREE M CPA
11600 MIRASOL WAY

CORAL SPRINGS, FL 33071 US PALM BEACH GARDENS, FL 33418 US

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: VALEREE M. HUWE 07/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED () Delete Title: PRES (X) Change () Addition

Name: DANLEY, CLIFFORD L Name: WEINGARTEN, ALLAN D

Address: 12385 JOY RD Address: 136 OLIVERA WAY

City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP () Delete Title: () Change () Addition

 Name:
 LAMBERT, MATT
 Name:

 Address:
 11600 MIRASOL WAY
 Address:

 City-St-Zip:
 PALM BEACH GARDENS, FL 33418
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLAN WEINGARTEN PRES 07/29/2009