


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95000004320</b> 1. Entity Name <b>CLASSY COVERUPS, INC.</b>	
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Principal Place of Business <b>1204 E PASS RD GULFPORT, MS 39507</b>	Mailing Address <b>1204 E PASS RD GULFPORT, MS 39507</b>
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04102005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>64-0780713</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>PARRISH, WILLIAM F JR 1201 N LME AVE SARASOTA, FL 34237</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP RYLAND, PEGGY 911 2ND ST GULFPORT, MS 39501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYLAND, CHARLES G 128 LONGWOOD DR. HATTIESBURG, MS 39402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD RYLAND, CHARLES W 911 2ND ST GULFPORT, MS 39501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACHEE, JENNIFER R 4459 KENDALL CIR GULFPORT, MS 39507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTH, LESLIE R 2307 BROADMOOR PL GULFPORT, MS 39501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RYLAND, MARK W 15-50TH ST. GULFPORT, MS 39507

<b>DO NOT WRITE IN THIS SPACE</b>
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UN0000334993  
04/27/05-80067-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Charles W. Ryland Charles W. Ryland 4/18/05 228-896-9498  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #