

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H06138

Entity Name: HIGH PERFORMANCE CLASSICS, INC.

FILED
Mar 26, 2008
Secretary of State

Current Principal Place of Business:

931 SR 434
#201
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

931 SR 434
#201
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-2531783

FEI Number Applied For ()

New Principal Place of Business:

931 S.R. 434
#201
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

931 S.R. 434
#201
ALTAMONTE SPRINGS, FL 32714

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AZAR, DOROTHY
931 SR 434
#201
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

AZAR, DOROTHY
931 S.R. 434
#201
ALTAMONTE SPRINGS, FL 32714 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: DOROTHY M. AZAR

03/26/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AZAR, DOROTHY
Address: 931 SR 434 #201
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S () Delete
Name: AZAR, FRANK
Address: 931 S. R. 434, #201
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AZAR, FRANK L
Address: 931 S.R. 434 #201
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S (X) Change () Addition
Name: AZAR, DOROTHY M
Address: 931 S. R. 434, #201
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY M, AZAR

S

03/26/2008

Electronic Signature of Signing Officer or Director

Date