2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L24553

1. Entity Name FOREIGN CARS & CLASSIC, INC.



FILED Mar 20, 2006 08:00 AM Secretary of State

Principal Place of Business

%ALI A. SWEID 1601 SW 10TH STREET DELRAY BEACH, FL 33444 Mailing Address

%ali a. Sweid 1601 Sw 10th Street Delray Beach, fl 33444



No Chg-P 03092006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0152553 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SWEID, ALI A. DO NOT WRITE 1601 SW 10TH STREET DELRAY BEACH, FL 33444 IN THIS SPACE 8. The above named entity submits this statement (or 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) 9. Election Campaign Financing \$5.80 May Be U000000474211 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 04/04/06-80012-023 150.00 10. OFFICERS AND DIRECTORS PSD TITLE SWEID, ALI A. NAME STREET ADDRESS 1601 SW 10TH STREET DELRAY BEACH, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-71P IN THIS SPACE TALE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-21P TITLE NAME

12. Thereby certify that the information supplied with this filing does not quality 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:

STREET ADDRESS CITY-SI-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13-14-06

1561-265-120

Daytime Phone #