2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 22, 2004 08:00 AM Secretary of State **DOCUMENT # L77035** 1. Entity Name CLASSIC PRINTING CENTER, INC. Principal Place of Business Mailing Address 4534 CURRY FORD RD. 4534 CURRY FORD RD. ORLANDO, FL 32812 ORLANDO, FL 32812 US No Chg-P CR2E034 (10/03) 03172004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 62-1434367 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MISHAW, ROSEMARY DO NOT WRITE 4119 MONARCH DRIVE ORLANDO, FL IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MILLER, PATRICIA A. NAME U00000093032 03/22/04-80002-010 150.00 STREET ADDRESS 1755 BONITA AVE ORLANDO, FL CITY-ST-ZIP MILLER, DANIEL W. NAME STREET ADDRESS 1755 BONITA AVE CITY-ST-ZIP ORLANDO, FL MILLER, RANDALL S. NAME STREET ADDRESS 4923 SOUTHFORK RANCH DR DO NOT WRITE CITY-ST-ZIP ORLANDO, FL IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

iaia A. Miller

3-17-08

4D7-777-4780

Daytime Phone #

FILED