


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90082 025 \*\*\*150.00

<b>DOCUMENT # L77035</b> 1. Entity Name CLASSIC PRINTING CENTER, INC.	
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Principal Place of Business 4534 CURRY FORD RD. ORLANDO, FL 32812 US	Mailing Address 4534 CURRY FORD RD. B ORLANDO, FL 32812 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
03072007 Chg-P	CR2E034 (12/06)
4. FEI Number 62-1434367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MISHAW, ROSEMARY 4119 MONARCH DRIVE ORLANDO, FL	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	MILLER, PATRICIA A.
STREET ADDRESS	2412 TACK ROOM LANE 8
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	D <input type="checkbox"/> Delete
NAME	MILLER, DANIEL W.
STREET ADDRESS	2412 TACK ROOM LANE 8
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	D <input type="checkbox"/> Delete
NAME	MILLER, RANDALL S.
STREET ADDRESS	2713 TIMBER LAKE DR
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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.	
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SIGNATURE: <i>Patricia A. Miller</i> Patricia A. Miller	4-8-07	407 277-4739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #