


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 08:00 A
Secretary of State

DOCUMENT # P01000081479
 1. Entity Name
 AMERICAN CLASSIC AGENCY, CORP.



Principal Place of Business 201 ATP TOUR BLVD SUITE 150 PONTE VEDRA BEACH, FL 32082	Mailing Address 201 ATP TOUR BLVD SUITE 150 PONTE VEDRA BEACH, FL 32082
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DO NOT WRITE IN THIS SPACE



05112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3756248	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

LESNICK, IRVING I
 150 E. PALMETTO PARK ROAD
 SUITE 500
 BOCA RATON, FL 33432

DO NOT WRITE 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 _____ DATE _____

U00000764941
 05/31/07-80010-024 150.00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO POLICASTRO, GERALD 201 ATP TOUR BLVD, SUITE 150 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO SIELICKI, RICHARD 201 ATP TOUR BLVD, SUITE 150 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCMO LEE, PETE 201 ATP TOUR BLVD SUITE 150 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOST, KELLEY 201 ATP TOUR BLVD PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: KR Bost 5-11-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #