

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000053413

1. Entity Name
KLASSIX PLUS INC.



Principal Place of Business Mailing Address

980 18TH AVE SW 12825 S.E. SUZANNE DRIVE
 VERO BEACH, FL 32962 US HOBE SOUND, FL 33455 US

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 27-0053482 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCNAMARA, MATTHEW C
 12825 SE SUZANNE DRIVE
 HOBESOUND, FL 33455

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCNAMARA, LAWRENCE W III 12825 SE SUZANNE DRIVE HOBESOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCNAMARA, MATTHEW C 10538 SAN TRAVASO DRIVE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHOFF, TAMMY 16705 130TH AVE N JUPITER, FL 33478
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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: *Lawrence W III* Date: 1/11/07 Daytime Phone #: 772-263-9316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR