2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053413

Entity Name: KLASSIX PLUS INC.

Address:

City-St-Zip:

16705 130TH AVE N

JUPITER, FL 33478

FILED Feb 06, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
980 18TH VERO BE	AVE SW ACH, FL 3296:	2 US			
Current Mailing Address:			New Mailing Address:		
	SUZANNE DF UND, FL 3345				
FEI Number	: 27-0053482	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
12825 SE HOBESOU The above	RA, MATTHEV SUZANNE DR JND, FL 3345 e named entity s e of Florida.	IVE 5 US	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI					
SICIVATO		ic Signature of Registered Age	ent	 Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	٠,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () MCNAMARA, M 10538 SAN TRA TAMPA, FL 330	AVASO DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S ()	Delete Y	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MATTHEW MCNAMARA MR. 02/06/2008