2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056511

City-St-Zip:

LIVONIA, MI 48152

Entity Name: CLASSIC HEADLINES INCORPORATED

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
301 CLEMA	HEADLINES, INC. ATIS ST., SUITE 3000 .M BEACH, FL 33401	US	CLASSIC HEADLINES, 3315 WASHINGTON R WEST PALM BEACH, F	OAD	
Current Ma	ailing Address:		New Mailing Address	:	
301 CLEMA	HEADLINES, INC. ATIS ST., SUITE 3000 LM BEACH, FL 33401	US	CLASSIC HEADLINES, 3315 WASHINGTON R WEST PALM BEACH, F	OAD	
FEI Number:	57-1178081 FEI Num	ber Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	ONALD HINGTON ROAD .M BEACH, FL 33405	US			
The above in the State		iis statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic Signatu	ure of Registered Ager	nt	Date	
Election Can	npaign Financing Trust Fun	d Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete STAAKE, LENA MARIE 240 CORNELL DRIVE LAKE WORTH, FL 33460	us	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete FLAVIN, RONALD 3315 WASHINGTON ROAL WEST PALM BEACH, FL 3		Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP () Delete POWELL, DANIEL T 30080 BROOKVIEW		Title: (Name: Address:	() 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.

City-St-Zip:

SIGNATURE: LENA MARIE STAAKE PRES 04/21/2009