



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90093 002 \*\*\*158.75

<b>DOCUMENT # P03000112385</b>					
<b>1. Entity Name</b> CLASSIC MATERIAL EXPEDITERS, INC.					
<b>Principal Place of Business</b> 11231 U.S. HIGHWAY ONE, SUITE 231 NORTH PALM BEACH, FL 33408			<b>Mailing Address</b> 11231 U.S. HIGHWAY ONE, SUITE 231 NORTH PALM BEACH, FL 33408		
<b>2. Principal Place of Business - No P.O. Box #.</b> 123 Date Palm Drive		<b>3. Mailing Address</b> 123 Date Palm Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072007      Chg-P      CR2E034 (12/06)	
<b>City &amp; State</b> Lake Park, FL		<b>City &amp; State</b> Lake Park, FL		<b>4. FEI Number</b> 74-3107140	
<b>Zip</b> 33403		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GUNCHEON, BARBARA 11231 U.S. HIGHWAY ONE, SUITE 231 NORTH PALM BEACH, FL 33408				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL      Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PROVO, ANTHONY W 123 DATE PALM DRIVE LAKE PARK, FL 33403	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>ANTHONY W. PROVO</u>			3-14-2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date      Daytime Phone #		