FOR PROFIT CORPORATION

FILED May 16, 2005 08:00^xAN Secretary of State

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DOCUMENT # P04000143597 1. Entity Name							
CLASSIC PRIDE MOTORCYCLES, INC.							
DO N	- :						
2. Principal Place of	3. Mailing Address						
18748 CORTEZ BLVD		14196 DELSILVER DRIVE					
Suite, Apt, #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State BROOKSVILLE, FL	·	City & St BROOKSVIL			4. FEI Number 20-1785948		Applied For Not Applicable
Zip 34601	Country USA	Zip 34613	ı	Country USA	5. Certificate of Status De	esired	\$8.75 Additional Fee Required
					ne and Address of Curr	ent Register	ed Agent
				Name			
Г	O NOT W	RITE		WALTER FAL			
	_				ress (P.O. Box Number is	Not Accepta	ible)
1	N THIS SP	ACE		14196 DELSI	VER DRIVE		
IN TINO OF AGE							
				City		F-8	Zip Code
		Pro 1/89"(199"C)	Samuel * Committee	BROOKSVILL	E .,	FL	34613
8. The above named	entity submits this st	atement for th	e purpose	e of changing its regi	stered office or registered	agent, or bo	th, in the
	am familiar with, and				•		
NOVATURE X	1)084-		AMALTED	I TALLION			x 3/10/05
SIGNATURE X		Mua			tered Agent signature required w	han calcatations	DATE
	ire, typed or printed name o		and due n ap	hingále (MÖTE: Kéñle	ierea Agent signature required w	nen remstatting/	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00					9. Election Campaign Fin	ancino	\$5.00 May Be
Amended UBR is \$61.25					Trust Fund Contributio		Added to Fees
Make Check Payable to Florida Department of State					Trust tund Contabuta	" —	712000 10 1 000
10.	OFFICERS AI		RS	11,			
TITLE	P/D			TITLE	110,000,000		
NAME	WALTER FALLICA			NAME	U0000003	166753	150 00
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STREET ADDRESS	1	_	ĺ	STREET ADDRESS		Parketta Street	Carlot officer of the company of
CITY-ST-ZIP 12 I hereby certify that t	ha information expoliced	with this filles d	lage not cu	CITY-ST-ZIP	stated in Section 110 07/3/6	Florida State	tog I further
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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 rame appears in Block 10 or on an attachment with an address, with all other like empowered.							
() DAY III							
10/00/Atra/1/1							
SIGNATURE: X / 1/0/03 (352) 799-8001							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date / Daytime Phone #							
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