# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000039578

**Entity Name:** CLASSIC FRAMING SPECIALISTS IV, INC.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 669 PICKFAIR TERRACE<br>LAKE MARY, FL  32746     US | |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 669 PICKFAIR TERRACE<br>LAKE MARY, FL  32746     US | |

FEI Number: 20-2494374          FEI Number Applied For ( )          FEI Number Not Applicable ( )          Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL  32301     US | |

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.

SIGNATURE: _____

    Electronic Signature of Registered Agent                                     Date

## OFFICERS AND DIRECTORS:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | PICOTT, RICHARD | |
| Address: | 669 PICKFAIR TERRACE | |
| City-St-Zip: | LAKE MARY, FL  32746 US | |

| | | |
|---|---|---|
| Title: | | ( ) Change  ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

| | | |
|---|---|---|
| Title: | VP | ( ) Delete |
| Name: | OAKLEY, SAM | |
| Address: | 669 PICKFAIR TERRACE | |
| City-St-Zip: | LAKE MARY, FL  32746 US | |

| | | |
|---|---|---|
| Title: | | ( ) Change  ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

| | | |
|---|---|---|
| Title: | | ( ) Delete |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

| | | |
|---|---|---|
| Title: | T | ( ) Change  (X) Addition |
| Name: | MANSFIELD, JOSH | |
| Address: | 669 PICKFAIR TERRACE | |
| City-St-Zip: | LAKE MARY, FL  32746 | |

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.

SIGNATURE:  RICHARD PICOTT                                     P                              11/20/2007

    Electronic Signature of Signing Officer or Director                                                   Date