## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P05000055222

Entity Name: CFIRSTCLASS CORP.

FILED Dec 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1100 LEE WAGENER BLVD.

FT. LAUDERDALE, FL 33315

Current Mailing Address: New Mailing Address:

1100 LEE WAGENER BLVD. 205 FT. LAUDERDALE, FL 33315

FEI Number: 20-2706502 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:

GRISWOLD BRANDT, GABRIELLE
2321 SW 21 STREET
MIAMI, FL 33145 US
MASSON, ROBERT L
125 EDGEWATER DRIVE
CORAL GABLES, FL, FL 33133 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: ROBERT L. MASSON 12/20/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: ROBERT, MASSON L ROBERT, MASSON L

 Name:
 ROBERT, MASSON
 Name:
 ROBERT, MASSON L

 Address:
 P.O. BOX 330421
 Address:
 P.O. BOX 330421

 City-St-Zip:
 MIAMI, FL 33233
 City-St-Zip:
 MIAMI, FL 33233

Title: S () Delete Title: () Change () Addition

 Name:
 GRISWOLD BRANDT, GABRIELLE
 Name:

 Address:
 2321 SW 21 STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33145
 City-St-Zip:

Title: ( ) Delete Title: CEO ( ) Change (X) Addition

 Name:
 Name:
 RICHARDSON, DARRELL

 Address:
 Address:
 115 NORTHPOND LANE

 City-St-Zip:
 City-St-Zip:
 WINSTON SALEM, NC 27106

Title: ( ) Delete Title: CFO ( ) Change (X) Addition

 Name:
 Name:
 MOTT, JOSEPH M III

 Address:
 Address:
 P.O. BOX 2507

 City-St-Zip:
 City-St-Zip:
 DAVIDSON, NC 28036

Title: ( ) Delete Title: DIR ( ) Change (X) Addition

 Name:
 Name:
 CATANIA, THOMAS A MD

 Address:
 Address:
 2033 TROON DRIVE

 City-St-Zip:
 City-St-Zip:
 HENDERSON, NV 89074

Title: ( ) Delete Title: DIR ( ) Change (X) Addition

 Name:
 Name:
 RODGERS, MARK E

 Address:
 Address:
 1495 KRISTEN DRIVE

 City-St-Zip:
 City-St-Zip:
 JACKSON, MS 39211

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT L. MASSON PRES 12/20/2006