## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2007 08:00 A Secretary of State

1. Entity Nam	CLASSY PLACE, INC.			Secretar			ary of St
Principal Place 403 WEST VI		Mailing Address 403 WEST VINE ST.					
KISSIMMEE,		KISSIMMEE, FL 34741					
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	O NOT WRITE	UE	4. FEI Numbe 04-3814		-	Applied For Not Applicable	
		The state of the s			of Status Desired		5 Additional equired
	6. Name and Address of Current Re	gistered Agent	1.	\$ 0 C *	*6. *	James I.	100
SUAREZ, I	LOUIS				DITE	Carlotte S	
127 W CHURCH AVE LONGWOOD, FL 32750					NOT W		and the second
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	,				tin Aleksia, er	Company of the Compan	That of Sections
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.							
SIGNATURE							
Signature, typed or printed name of registered agent and title il applicable (NOTE: Registered Agent signature)				d when reinstating)		. DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				.00 May Be led to Fees	00000 05/08/07	10729972 '-80061-00	1 158.75
10.	OFFICERS AND DI	RECTORS		1501750	Sandy of the		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DEGHETTO, DEBORAH 403 W VINE ST KISSIMMEE, FL 34741	, •			the first of the second probability of the second s	Angeria	
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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 the empowered.

CHÂTURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE:

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407846/649 Dayling Phone #