

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 09, 2007 8:00 am
Secretary of State**

DOCUMENT # P06000138239

1. Entity Name
CLASSIC CAR CREATIONS INC



04-09-2007 90078 029 ***150.00

Principal Place of Business
4310 PINE STREET
COCOA, FL 32926

Mailing Address
4310 PINE STREET
COCOA, FL 32926

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc

04032007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-5869959

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VENUTI, LOUIS
400 ORANGE STREET
TITUSVILLE, FL 32796

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME SHIFLETT, EARL E
STREET ADDRESS 4310 PINE STREET
CITY-ST-ZIP COCOA, FL 32926

Delete

TITLE

Change

Addition

TITLE D
NAME SHIFLETT, KRISTINA L
STREET ADDRESS 4310 PINE STREET
CITY-ST-ZIP COCOA, FL 32926

Delete

TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change

Addition

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.

SIGNATURE: *Kristina L Shiflett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-2007 321-480-8508
Date Daytime Phone #