2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P07000078851

Entity Name: FIRST CLASS DEAL.INC

Current Principal Place of Business:

2353 SHIRECREST COVE WAY
LUTZ, FL 33558 US

New Principal Place of Business:

Current Mailing Address:

2353 SHIRECREST COVE WAY
LUTZ, FL 33558 US

New Mailing Address:

FEI Number: 26-0510230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTILLO, TONY
130 SUNCREST DRIVE
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

AZCONA, NURY
2353 SHIRECREST COVE WAY
LUTZ, FL 33558 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: NURY AZCONA 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AZCONA, NURY
Address: 2353 SHIRECREST COVE WAY
City-St-Zip: LUTZ, FL 33558 US

Title: VP ( ) Delete
Name: GALINDO, HECTOR M
Address: 2353 SHIRECREST COVE WAY
City-St-Zip: LUTZ, FL 33558 US

Title: VP ( ) Delete
Name: GALINDO, DANIELA
Address: 2353 SHIRECREST COVE WAY
City-St-Zip: LUTZ, FL 33558 US

Title: VP ( ) Delete
Name: GALINDO, LAURA
Address: 2353 SHIRECREST COVE WAY
City-St-Zip: LUTZ, FL 33558 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: NURI AZCONA P 04/30/2009
Electronic Signature of Signing Officer or Director Date