2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004
Secretary of State

DOCUMENT# P94000024922

Entity Name: CLASSIC HEAVEN, INC.

Current Principal Place of Business:

11 A MAX BREWER PKWY
SUITE B
TITUSVILLE, FL 32796 US

New Principal Place of Business:

4420 SOUTH WASHINGTON AVENUE
TITUSVILLE, FL 32780 US

Current Mailing Address:

PO BOX 2668
TITUSVILLE, FL 32781 US

New Mailing Address:

FEI Number: 59-3232592 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAHONEY, TIMOTHY
11 A MAX BREWER PKWY
SUITE B
TITUSVILLE, FL 32796

Name and Address of New Registered Agent:

MAHONEY, TIMOTHY
4420 SOUTH WASHINGTON AVENUE
TITUSVILLE, FL 32780

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: 03/18/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: PATCH, GLENN E.
Address: 11 A MAX BREWER PKWY SUITE B
City-St-Zip: TITUSVILLE, FL 32796

Title: P ( ) Delete
Name: MAHONEY, TIMOTHY
Address: 11 A MAX BREWER PARKWAY STE B
City-St-Zip: TITUSVILLE, FL 32796

Title: ST ( ) Delete
Name: PORTER, VIRGINIA
Address: 11 A MAX BREWER PARKWAY STE B
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: PATCH, GLENN E.
Address: 4420 SOUTH WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32780

Title: P (X) Change ( ) Addition
Name: MAHONEY, TIMOTHY
Address: 4420 SOUTH WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32780

Title: ST (X) Change ( ) Addition
Name: PORTER, VIRGINIA
Address: 4420 SOUTH WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32780

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TIMOTHY MAHONEY P 03/18/2004
Electronic Signature of Signing Officer or Director — Date