


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90250 002 ***150.00

DOCUMENT # P95000047033	
1. Entity Name CLASSIC TRIM INC.	

Principal Place of Business <input checked="" type="checkbox"/> 1643 FARMINGTON CIR WELLINGTON, FL 33414 US	Mailing Address <input checked="" type="checkbox"/> 1643 FARMINGTON CIRCLE WELLINGTON, FL 33414
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20040139



2. Principal Place of Business Suite, Apt. #, etc. 7457 Commercial Cir.	3. Mailing Address Suite, Apt. #, etc. 7457 Commercial Cir.
City & State Ft. Pierce, FL	City & State Ft. Pierce, FL
Zip 34951	Country USA

04162005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent DISISTO, FERNANDO 1643 FARMINGTON CIRCLE WELLINGTON, FL 33414	
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7. Name and Address of New Registered Agent Name DISISTO, Fernando Street Address (P.O. Box Number is Not Acceptable) 7457 Commercial Cir. City Ft. Pierce, FL Zip Code 34951	
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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 <i>Fernando Di Sisto</i> (NOTE: Registered Agent signature required when reinstating) DATE 4-19-05	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete PD DISISTO, FERNANDO 1643 FARMINGTON CIRCLE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete VD DISISTO, LEONARDO 1643 FARMINGTON CIRCLE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete SD DISISTO, MARIA 1643 FARMINGTON CIRCLE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition X PD DISISTO Fernando 7457 Commercial Cir. FT. Pierce, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition X VD DISISTO, Leonardo 7457 Commercial Cir. Ft. Pierce, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition X SD DISISTO MARIA 7457 Commercial Cir. Ft. Pierce, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Maria Di Sisto</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/16/05 Secretary