

2006 FOR PROFIT CORPORATION ANNUAL REPORT



**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90057 024 \*\*\*158.75

DOCUMENT # P95000096690


1. Entity Name  
 CLASSIFIED BETTER BUSINESS NET, INC.



Principal Place of Business  Classified Better Bus. Inc. 5475 NE St. James Drive Suite #161 Port St. Lucie, FL 34983	Mailing Address  Classified Better Bus. Inc. 5475 NE St. James Drive Suite #161 Port St. Lucie, FL 34983
--	---



Suite, Apt. #, etc.	Suite, Apt. #, etc.	02112006	Chg-P	CR2E034 (11/05)
City & State	City & State	4. FEI Number 65-0640105	Applied For Not Applicable	
Zip	Country	Zip	Country	8. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required


6. Name and Address of Current Registered Agent WEITZNER, CHRISTINE 1 # C  Classified Better Bus. Inc. 5475 NE St. James Drive Suite #161 Port St. Lucie, FL 34983	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:  DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	-----------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEITZNER, CHRISTINE  Classified Better Bus. Inc. 5475 NE St. James Drive Suite #161 Port St. Lucie, FL 34983	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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:  DATE: 3/7/06 DAYTIME PHONE #: 772-460-1074