

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90028 012 ***158.75

DOCUMENT # P95000096690 1. Entity Name CLASSIFIED BETTER BUSINESS NET, INC.			
Principal Place of Business 5475 NORTHEAST SAINT JAMES DRIVE SUITE 161 PORT SAINT LUCIE, FL 34983 US		Mailing Address 5475 NORTHEAST SAINT JAMES DRIVE SUITE 161 PORT SAINT LUCIE, FL 34983 US	
2. Principal Place of Business - No P.O. Box # 10619 WEST ATLANTIC BLVD Suite, Apt. #, etc. Suite #311 City & State CORAL SPRINGS, FL Zip 33071 Country BROWARD		3. Mailing Address 10619 WEST ATLANTIC BLVD Suite, Apt. #, etc. Suite #311 City & State CORAL SPRINGS, FL Zip 33071 Country BROWARD	
4. FEI Number 65-0640105		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEITZNER, CHRISTINE 5475 NORTHEAST SAINT JAMES DRIVE SUITE 161 PORT SAINT LUCIE, FL 34983 10619 WEST ATLANTIC BLVD Suite #311 CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 P NAME WEITZNER, CHRISTINE STREET ADDRESS 5475 NORTHEAST SAINT JAMES DRIVE SUITE 161 CITY - ST - ZIP PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 10619 WEST ATLANTIC BLVD Suite 311, CORAL SPRINGS, FL 33071	<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
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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:		3/20/07 954-974-5778	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	