


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 Mailing Address

~~5475 NORTHEAST SAINT JAMES DRIVE~~ ~~5475 NORTHEAST SAINT JAMES DRIVE~~
~~SUITE 161~~ ~~SUITE 161~~
~~PORT SAINT LUCIE, FL 34983 US~~ ~~PORT SAINT LUCIE, FL 34983 US~~

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2. Principal Place of Business - No P.O. Box # 3. Mailing Address

10619 WEST ATLANTIC **10619 WEST ATLANTIC BLVD.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite #311 BLVD **Suite #311**

02042007 Chg-P CR2E034 (12/06)

City & State City & State

CORAL SPRINGS, FL **CORAL SPRINGS, FL**

4. FEI Number Applied For

65-0640105 Not Applicable

Zip Country Zip Country

33071 **BROWARD** **33071** **BROWARD**

5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New 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

Name

Street Address (P.O. Box Number is Not Acceptable)

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WEITZNER, CHRISTINE	
STREET ADDRESS	5475 NORTHEAST SAINT JAMES DRIVE SUITE 161	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME	10619 WEST ATLANTIC BLVD	
STREET ADDRESS	SUITE 311, CORAL SPRINGS, FL	
CITY-ST-ZIP	33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Christine Weitzner* 3/20/07 954-974-5778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #