


**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**  
City & State      City & State  
**CORAL SPRINGS, FL**      **CORAL SPRINGS, FL**

02042007      Chg-P      CR2E034 (12/06)

Zip      Country      Zip      Country

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

4. FEI Number      Applied For

**65-0640105**      Not Applicable

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

**8. 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      Zip Code

**CORAL SPRINGS, FL 33071**

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**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*      Date: 3/20/07      Daytime Phone #: 954-974-5778