

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000004404

Entity Name: CLASSIC RE-CREATIONS, INC.

FILED
Mar 30, 2007
Secretary of State

Current Principal Place of Business:

7500 NW 77TH TERRACE
MEDLEY, FL 33166

New Principal Place of Business:

Current Mailing Address:

% YURGEALITIS
14800 LEWIS RD
MIAMI LAKES, FL 33014

New Mailing Address:

% YURGEALITIS
1001 BEL AIRE DR. E.
PEMBROKE PINES, FL 33027

FEI Number: 65-0888803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YURGEALITIS, JOHN P
14800 LEWIS RD
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

YURGEALITIS, JOHN P
1001 BEL AIRE DR. E.
PEMBROKE PINES, FL 330027 US

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.

SIGNATURE:

03/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YURGEALITS, JOHN P
Address: 14800 LEWIS RD
City-St-Zip: MIAMI LAKES, FL 33014

Title: VD () Delete
Name: YURGEALITS, JEFFREY P
Address: 7839 SILVERADO CT
City-St-Zip: HOLLYWOOD, FL 33024

Title: VD () Delete
Name: YURGEALITS, JOHN P JR
Address: 19400 SW 2ND STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: YURGEALITS, JOHN P
Address: 1001 BEL AIRE DR. E.
City-St-Zip: PEMBROKE PINES, FL 33027

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P. YURGEALITIS

PD

03/30/2007

Electronic Signature of Signing Officer or Director

Date