


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000022497</b> 1. Entity Name BIG AL DOWNING PUBLISHING CO.	
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Principal Place of Business 2199 PONCE DE LEON BLVD 301 MIAMI, FL 33134	Mailing Address 2199 PONCE DE LEON BLVD 301 MIAMI, FL 33134
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**DO NOT WRITE IN THIS SPACE**

02142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1088842	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

STEWART AGENT SERVICES  
2199 PONCE DE LEON BLVD  
STE 301  
MIAMI, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	PD DOWNING, ALEXANDER 65 WATSON STREET LEICESTER, MA 01524
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIMMONS, RICHARD E 333 WEST CAMINO GRDNS BLVD #201 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BUTERA, JOSEPH 649 SW WHITMORE DRIVE PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STINSON, LOUIS JR 2199 PONCE DE LEON BLVD #301 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNING, BEVERLY A 65 WATSON STREET LEICESTER, MA 01524
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, CAROLYN R 333 WEST CAMINO GRDNS BLVD #201 BOCA RATON, FL 33432

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02/17/05-80014-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/05 305-444-8807