2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000091058

Entity Name: BIG BEND CUSTOM SERVICES, INC.

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

40 CHINOOK TRAIL 517 OAKWOOD TRAIL

CRAWFORDVILLE, FL 32327 US CRAWFORDVILLE, FL 32327 US

Current Mailing Address: New Mailing Address:

40 CHINOOK TRAIL 517 OAKWOOD TRAIL

CRAWFORDVILLE, FL 32327 US CRAWFORDVILLE, FL 32327 US

FEI Number: 74-3151208 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADAMSKI, MICHELLE
40 CHINOOK TRAIL

ADAMSKI, MICHELLE
517 OAKWOOD TRAIL

CRAWFORDVILLE, FL 32327 US CRAWFORDVILLE, FL 32327 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: 04/23/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 ADAMSKI, MICHELLE M
 Name:
 ADAMSKI, MICHELLE M

 Address:
 40 CHINOOK TRAIL
 Address:
 517 OAKWOOD TRAIL

City-St-Zip: CRAWFORDVILLE, FL 32327 US City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 ADAMSKI, RUSSELL L
 Name:
 ADAMSKI, RUSSELL L

 Address:
 40 CHINOOK TRAIL
 Address:
 517 OAKWOOD TRAIL

City-St-Zip: CRAWFORDVILLE, FL 32327 US City-St-Zip: CRAWFORDVILLE, FL 32327 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHELLE ADAMSKI P 04/23/2007