2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000012871

Entity Name: THINK BIG NOW, INC.

FILED Apr 28, 2008 Secretary of State

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

4801 UNIVERSITY DRIVE SUITE 265 8551 W SUNRISE BLVD. DAVIE, FL 33328 SUITE 206

PLANTATION, FL 33322

Current Mailing Address: New Mailing Address:

4801 UNIVERSITY DRIVE SUITE 265 8551 W SUNRISE BLVD. DAVIE, FL 33328 SUITE 206

PLANTATION, FL 33322

FEI Number: 20-8325957 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:

MAIONE, PAUL
4801 UNIVERSITY DRIVE SUITE 265

MAIONE, PAUL
8551 W SUNRISE BLVD.

DAVIE, FL 3328 US SUITE 203

PLANTATION, FL 33322 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: 04/28/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete

Name: MAIONE, PAUL

Address: 4801 UNIVERSITY DRIVE SUITE 265 Address: 8551 W SU

City-St-Zip: DAVIE, FL 33328

Title: DIR () Delete

Name: BRIDGES, MELISSA

Address: 4801 UNIVERSITY DRIVE SUITE 265

City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition

Name: MAIONE, PAUL

Address: 8551 W SUNRISE BLVD., STE 206

City-St-Zip: PLANTATION, FL 33322

Title: DIR (X) Change () Addition

Name: BRIDGES, MELISSA

Address: 8551 W SUNRISE BLVD., STE 206

City-St-Zip: PLANTATION, FL 33322

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: PAUL MAIONE DIR 04/28/2008