

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001156

FILED
Apr 30, 2009
Secretary of State

Entity Name: BIG APPLE CONSULTING USA, INC.

Current Principal Place of Business:

280 WEKIVA SPRINGS RD
STE. 2030
LONGWOOD, FL 32779 US

Current Mailing Address:

280 WEKIVA SPRINGS RD
STE. 2030
LONGWOOD, FL 32779 US

New Principal Place of Business:

2101 WEST STATE ROAD 434
STE. 100
LONGWOOD, FL 32779 US

New Mailing Address:

2101 WEST STATE ROAD 434
STE. 100
LONGWOOD, FL 32779 US

FEI Number: 59-3585194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEFF, JOHN
175 CROWN POINT CIR.
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JABLON, MARC
Address: 280 WEKIVA SPRINGS RD. STE. 2030
City-St-Zip: LONGWOOD, FL 32779

Title: VPD () Delete
Name: MAGUIRE, MATTHEW
Address: 534 ALOKEE CT.
City-St-Zip: LAKE MARY, FL 32746

Title: S () Delete
Name: KALEY, MARK
Address: 5980 WEST GATE DRIVE #303
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: PETERSEIM, WILLIAM
Address: 1235 CRANE CREST WAY
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JABLON, MARC
Address: 2101 WEST STATE ROAD 434, STE 100
City-St-Zip: LONGWOOD, FL 32779

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

Title: S (X) Change () Addition
Name: KALEY, MARK
Address: 14924 GAULBERRY RUN
City-St-Zip: WINTER GARDEN, FL 34787

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: MARC JABLON

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date