


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J76267**

1. Entity Name  
**BIG ENTERPRISES, INC.**



Principal Place of Business  
**875 COSMOS COURT  
 WELLINGTON, FL 33414**

Mailing Address  
**875 COSMOS COURT  
 WELLINGTON, FL 33414**

**DO NOT WRITE IN THIS SPACE**



03022006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2814573** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FLANAGAN, PAMELA W  
 875 COSMOS COURT  
 WELLINGTON, FL 33414**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 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	PS FLANAGAN, PAMELA W. 875 COSMOS COURT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETROU, JOHN 420 35TH STREET WEST PALM BEACH, FL
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 05/20/06-80087-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Pamela W. Flanagan* **PAMELA W. FLANAGAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4-13-06* Daytime Phone #: *561-837-8061*