2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 16, 2006 8:00 am Secretary of State DOCUMENT # K71234 02-16-2006 90045 037 ***150.00 1. Entity Name BIG BARGAIN WORLD, INC. Principal Place of Business Mailing Address 60016988 7582 W. SAND LAKE RD ~ STATE 7582 W. SAND LAKE RD ORLANDO, FL 32819 6454 INTERNATIONAL DR ORLANDO, FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01302006 Chg-P City & State City & State 4. FEI Number Applied For 59-2936509 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAALI, BASSEL! : 7582 W. SAND LAKE ROAD Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32819 City Zip Code 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DS TITLE Delete TITI F MAALI, BASSEL NAME NAME STREET ADDRESS 7582 W. SAND LAKE ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP DΡ Delete TITLE TITLE Addition MAALI, BASSEL NAME NAME STREET ADDRESS 12633 WESTFIELD ST STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 34787 CITY-ST-ZIP DVP TITLE ☐ Delete TITLE Change Addition KHANANI, OWAIS NAME NAME STREET ADDRESS 6276 INDIAN MEADOW ST STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CRY-ST-7IP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 of trys be empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

lress, with all other like empowered.

changed, or on an attachment with

SIGNATURE:

FILED