

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008620

FILED
Jan 06, 2007
Secretary of State

Entity Name: INTERNATIONAL BIG FISH NETWORK, INC.

Current Principal Place of Business:

3221 SW WINDING WAY
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

3221 SW WINDING WAY
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 20-0287529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, DEAN
3221 SW WINDING WAY
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

CRAWFORD, DEAN W
3221 SW WINDING WAY
PALM CITY, FL 34990 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: DEAN W. CRAWFORD

01/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRAWFORD, KYLE
Address: 7812 RIVER RIDGE DRIVE
City-St-Zip: TAMPA, FL 33637

Title: S () Delete
Name: CRAWFORD, DEAN
Address: 3221 SW WINDING WAY
City-St-Zip: PALM CITY, FL 34990

Title: T () Delete
Name: CRAWFORD, DEAN
Address: 3221 SW WINDING WAY
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: CRAWFORD, DEAN
Address: 3221 SW WINDING WAY
City-St-Zip: PALM CITY, FL 33480

Title: D () Delete
Name: CRAWFORD, KYLE
Address: 7812 RIVER RIDGE DRIVE
City-St-Zip: TAMPA, FL 33637

Title: D () Delete
Name: RODGERS, TODD
Address: 8509 BELLA WAY
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN W CRAWFORD

D

01/06/2007

Electronic Signature of Signing Officer or Director

Date