
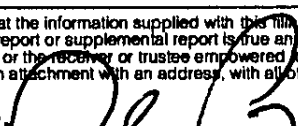


FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # N27942			
1. Entity Name BIG BEND BUSINESS EXCHANGE, INC.			
Principal Place of Business 406 TIMBERLANE RD. TALLAHASSEE, FL 32312		Mailing Address P.O. BOX 10204 TALLAHASSEE, FL 32302-2204	
<div>DO NOT WRITE IN THIS SPACE</div>			
		<div>02132008 No Chg-NP CR2E037 (4/06)</div> <div>4. FEI Number 59-2911972</div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div> <div>Applied For Not Applicable</div>	
6. Name and Address of Current Registered Agent PIETRODANGELO, DONATO 406 TIMBERLANE RD. TALLAHASSEE, FL 32312		<div>DO NOT WRITE IN THIS SPACE</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div>U000000849832 03/21/08-80036-018 61.25</div> <div>DO NOT WRITE IN THIS SPACE</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP DEMONT, MARK 2400 MAHNA DR. TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP STRAUSS, TED 3050 W. THARPE ST. TALLAHASSEE, FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP WATTS, PAUL 3411 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 617, 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: 		3/4/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	