2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27942

FILED Feb 22, 2009 Secretary of State

Entity Name: BIG BEND BUSINESS EXCHANGE, INC.

Current Principal Place of Business: New Principal Place of Business:

406 TIMBERLANE RD. 1936 THOMASVILLE RD. TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32303

Current Mailing Address: New Mailing Address:

P.O. BOX 10204

TALLAHASSEE, FL 323022204

FEI Number: 59-2911972 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PIETRODANGELO, DONATO
406 TIMBERLANE RD.
TALLAHASSEE, FL 32312 US

SMILEY, KIMBERLY
1936 THOMASVILLE ROAD
TALLAHASSEE, FL 32303 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.

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SIGNATURE: KIMBERLY SMILEY 02/22/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: VP (X) Change () Addition

Name: DEMONT, MARK
Address: 2400 MAHNA DR. Name: DEMONT, MARK
Address: 2400 MAHNA DR. 2400 MAHAN DR.

City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308

Title: VP () Delete Title: () Change () Addition

 Name:
 STRAUSS, TED
 Name:

 Address:
 3050 W. THARPE ST.
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 WATTS, PAUL
 Name:

 Address:
 3411 CAPITAL MEDICAL BLVD.
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32308
 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE REESE SEC 02/22/2009