




2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N97000003447						FILED 07 OCT 17 PM 1:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name BIG SOLUTIONS, INC.				Principal Place of Business 1761 WEST HILLSBORO BLVD. SUNTRUST FINANCIAL CENTRE W., SUITE 409 DEERFIELD BEACH, FL 33442 US			
Mailing Address 1761 WEST HILLSBORO BLVD SUITE 409 DEERFIELD BEACH, FL 33442 US							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		10112007 Chg-NP CR2E037 (12/06)		4. FEI Number 65-0734340	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent ROSENBERG, GLENN 3700 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33066				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				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)				DATE			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUBINO, CHRIS 3700 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33066	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100110875401 10/17/07--01014--005 **61.25			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSENBERG, GLENN 3700 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33066	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$760/18			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEVY, NANCY 1167 HILLSBORO MILE STE 211 HILLSBORO BEACH, FL 33062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOMMERS, ROBIN P O BOX 810542 BOCA RATON, FL 33481	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ADAM HEFFNER 1900 NW CORP BLVD BOCA RATON, FL 33431			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SASSON, JAMIE 7164 COLONY CLUB DR #306 LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARTIN BUSEKRUS 5300 N FED HWY FT LAUD, FL 33308			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  10/12/07							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date Daytime Phone #							