


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000041107 1. Entity Name BIG TIME CALENDAR COMPANY, INC.	
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Principal Place of Business P.O. BOX 880607 BOCA RATON, FL 33488	Mailing Address P.O. BOX 880607 BOCA RATON, FL 33488
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DO NOT WRITE IN THIS SPACE



06202005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1100096	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SALTZMAN, TAMMY B 2000 GLADES RD STE 110 BOCA RATON, FL 33431	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRIN, ELISE P.O. BOX 880607 BOCA RATON, FL 33488
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRIN, ROBERT P.O. BOX 880607 BOCA RATON, FL 33488
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRIN, STUART 180 WEST END AVE. APT 8D NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: Elise Berrin **6-20-05** **561-241-4485**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #