
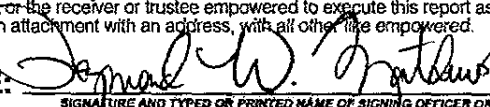


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000021628 1. Entity Name B.I.G. PLUS, INC.		
Principal Place of Business 15271 AMBERLY DRIVE TAMPA, FL 33647		Mailing Address 15271 AMBERLY DRIVE TAMPA, FL 33647
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MATHEWS, RAYMOND 15271 AMBERLY DRIVE TAMPA, FL 33647		DO NOT WRITE IN THIS SPACE
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 reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, ROBIN L 1625 GARDEN STREET TITUSVILLE, FL 32796	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, BERNIE 12049 S.W. 117 AVENUE MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS-BAILEY, VALERIE L 13601 SW 84 CT. MIAMI, FL 33158	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, STANLEY 3204 COVE BEND DR TAMPA, FL 33613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GISSENDANNER, BETTY 23259 PAINTER AVE PORT CHARLOTTE, FL 33954	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATHEWS, RAYMOND 15271 AMBERLY DR TAMPA, FL 33647	
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DO NOT WRITE IN THIS SPACE 000000542191 05/10/06-80087-018 150.00 DO NOT WRITE IN THIS SPACE April 25, 2006 <small>Date</small> <small>Daytime Phone #</small>