

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000050744

Entity Name: BIG SAVINGS, INC.

FILED  
Mar 20, 2008  
Secretary of State

## Current Principal Place of Business:

3501 WEST VINE STREET  
269  
KISSIMMEE, FL 34741

## Current Mailing Address:

3501 WEST VINE STREET  
269  
KISSIMMEE, FL 34741

## New Principal Place of Business:

700 W VINE ST  
102  
KISSIMMEE, FL 34741

## New Mailing Address:

700 W VINE ST  
102  
KISSIMMEE, FL 34741

FEI Number: 02-0595804

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONZALEZ, LUIS O  
1308 OAK GROOVE CT  
KISSIMMEE, FL 34744 US

## Name and Address of New Registered Agent:

GONZALEZ, LUIS O  
2599 MC MICHAEL ROAD  
ST CLOUD, FL 34771 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.

SIGNATURE: LUIS O GONZALEZ

03/20/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GONZALEZ, LUIS O  
Address: 1308 OAK GROOVE CT  
City-St-Zip: KISSIMMEE, FL 34744

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GONZALEZ, LUIS O  
Address: 2599 MC MICHAEL ROAD  
City-St-Zip: ST CLOUD, FL 34771

Title: VP ( ) Change (X) Addition  
Name: RAMIREZ, FLOR N  
Address: 2599 MC MICHAEL ROAD  
City-St-Zip: ST CLOUD, FL 34771

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS O GONZALEZ

PD

03/20/2008

Electronic Signature of Signing Officer or Director

Date