
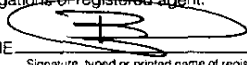
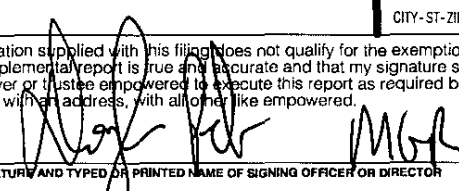


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90084 012 ***150.00

DOCUMENT # P02000063515 1. Entity Name BIG BALLS, INC.					
Principal Place of Business 246 NE 6TH AVENUE DELRAY BEACH, FL 33483			Mailing Address 246 NE 6TH AVENUE DELRAY BEACH, FL 33483		
2. Principal Place of Business 6023 LELAC ROAD		3. Mailing Address 6023 LELAC ROAD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State BOCA RATON, FL		City & State BOCA RATON, FL		4. FEI Number 90-0041585	
Zip 33496		Country PB CO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33496		Country FLM Beach		Applied For Not Applicable	
6. Name and Address of Current Registered Agent PETERS, IRWIN 246 NE 6TH AVENUE DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name BRIAN C TAMONEY, CPA Street Address (P.O. Box Number is Not Acceptable) 2200 N. FEDERAL HWY #228 City BOCA RATON FL Zip Code 33431		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 4-17-04 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, IRWIN 246 NE 6TH AVENUE DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS PETERS 6023 LELAC ROAD BOCA RATON, FL 33496
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					