## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Feb 22, 2005 8:00 am Secretary of State

DOCUMENT # P02000063515  1. Entity Name BIG BALLS, INC.			02-22-2005 90021 043 ***150.00	
Principal Place of Business Mailing Address			<b>400</b> 21200	
6023 LELAC ROAD  BOCA RATON, FL 33496  BOCA RATON, FL 33496  BOCA RATON, FL 33496				
DOGA RATON, FE 33490	DOCK INTON, EL 33430		CHERTIPOL IN BRIDGE SING SOUR SOUR	BEIN BUNG BINGS INGS BRUG BRUGGET IN JEBN
Principal Place of Business     3. Mailing Address				
				MASIT BRITT BILDS ITIES ATTRESTED BILDS 11 JUST
Suite, Apt. #, etc. Suite, Apt. #, etc.			02012005 Chg-P	CR2E034 (10/03)
City & State City & State			4. FEI Number	Applied For
Zip Country Zip Cou		Country	90-0041585	Not Applicable  \$8.75 Additional
			5. Certificate of Status Desired	Fee Required
6. Name and Address of Current	Registered Agent	Name (	7. Name and Address of Nev	
TAMONEY, BRIAN C'CPA			Street Address (P.O. & ox Number is Not Acceptable)	
2200 N. FEDERAL HWY #228 BOCA RATON, FL 3343				
		6023 LK LAC RD		
- 1			ed NATOU	FL Zincode
8. The above named entity supplies this statement for the obligations of registers apply.	r the purpose of changing its reg	gistered office or registe	ered agent, or both, in the State of	Florida. I am familiar with, and accept
1 V 1144	111		2	-(6-4
Signature, types of printed name of registered agent	and title applicable. (NOTE: Re	gistered Agent signature require		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu		5.00 May Be ded to Fees	
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTORS IN 11
TITLE D  NAME PETERS, DOUGLAS	☐ Delete	TITLE NAME -		Change Addition
STREET ADDRESS 6023 LELAC ROAD		STREET ADDRESS		
CITY-ST-ZIP BOCA RATON, FL 33496		CITY-ST-ZIP		C) Observe C Addition
TITLE NAME	☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP		,
CITY-ST-ZIP	☐ Delete	TITLE		Change Addition
NAME		NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS"		
TITLE	Delete	TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADORESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE	Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	n /l	NAME STREET ADORESS		
CITY-ST-ZIP		CITY-ST-ZIP		
12. I hereby certify that the into mation supplied wit indicated on this report of swiplemental report of the corporation or the terre or fustee empth changed, or on an attactment with at address.	hiths liling does not qualify for the strue and accurate and that my	ne exemption stated in signature shall have the	Section 119.07(3)(i), Florida Statut e same legal effect as if made und	es. I further certify that the information der oath; that I am an officer or director
of the corporation or the length or flustee emp changed, or on an attachment with an address.	wured to execute this report as with all other like empowered.	required by Chapter 6	ur, riorida Statutes; and that my r	name appears in Block 10 or Block 11 if
SIGNATURE:	N O	-	2-16-0	5
SIGNATURE: SIGNATURE AND TYPED OR	PUNTED NAME OF SIGNING OFFICER OR	DIRECTOR	Date	Daytime Phone #