

2007 FOR PROFIT CORPORATION REINSTATEMENT

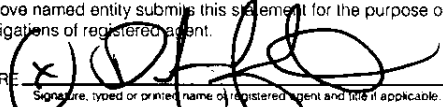
DOCUMENT # P02000064062		
1. Entity Name BIG MOUTH MARKETING & PROMOTIONS INC.		

Principal Place of Business 555 NE 15TH ST, STE 7714 MIAMI, FL 33132	Mailing Address 555 NE 15TH ST, STE 7714 MIAMI, FL 33132
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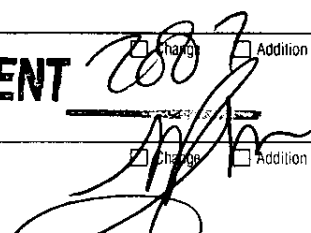
2. Principal Place of Business - No P.O. Box # 14616 SW 95 LN.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

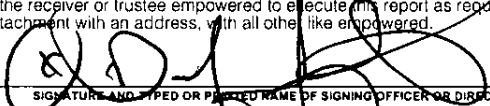
City & State MIAMI, FL.	City & State
Zip 33186	Country US

6. Name and Address of Current Registered Agent TURTON, DERRICK 555 NE 15 ST STE 7714 MIAMI, FL 33132		7. Name and Address of New Registered Agent Name <u>TURTON, DERRICK</u> Street Address (P.O. Box Number is Not Acceptable) <u>14616 SW 95 LN.</u> City <u>MIAMI</u> FL <u>33186</u>	
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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: 	DATE: <u>11/15/07</u>

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURTON, DERRICK 555 NE 15 ST #7714 MIAMI, FL 33132 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURTON, DERRICK 14616 SW 95 LN. MIAMI, FL. 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD TURTON, VANESSA 555 NE 15 ST #7714 MIAMI, FL 33132 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD TURTON, VANESSA 14616 SW 95 LN. MIAMI, FL. 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300113463573 12/28/07--01009--006 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT  <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date _____

FILED
07 DEC 28 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11152007 REIN-P CR2E098 (1/07)

4. FEI Number 43-1964971	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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