ANNUAL REPORT

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FILED
May 27, 2004 8:00 am
Secretary of State

05-03-2004 90448 009 ***150.00

DOCUMENT # P03000017699

1. Entity Name
BIG BOYZ TOYZ MILD TO WILD PERFORMANCE, INC.

Principal Place of Business
2161 19TH STREET
SARASOTA FL 34234

Mailing Address
2161 19TH STREET
SARASOTA FL 34234

00424011

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04202004 Chg-P. CR2E034 (10/03)

4. FEI Number 30 0173424 Applied For

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name Glenn Freeman
Street Address (P.O. Box Number is Not Acceptable) 2161 19th St
City Sarasota FL Zip Code 34234

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, I the obligations of registered agent.

SIGNATURE [signature] Glenn Freeman (Pres) 4/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DPT	Delete	TITLE	
NAME	FREEMAN, GLENN W		NAME	
STREET ADDRESS	2161 19TH STREET		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34234		CITY-ST-ZIP	
TITLE	DVPS	Delete	TITLE	
NAME	FREEMAN, KELLY J		NAME	
STREET ADDRESS	2161 19TH STREET		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34234		CITY-ST-ZIP	
TITLE		Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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TITLE		Delete	TITLE	
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/20/04 941-954-0885