

**2007 FOR PROFIT CORPORATION -
ANNUAL REPORT**

FILED

**Apr 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # P03000138776

**1. Entity Name
LIFE IS BIG INC**



**Principal Place of Business
529 EAST RICH AVENUE
DELAND, FL 32724**

**Mailing Address
529 EAST RICH AVENUE
DELAND, FL 32724**



03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
20-0417180**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, DEBBIE
529 EAST RICH AVENUE
DELAND, FL 32724**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2007 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE V
NAME MILLER, DARREN
STREET ADDRESS 529 EAST RICH AVENUE
CITY-ST-ZIP DELAND, FL 32724**

**TITLE PT
NAME MILLER, DEBBIE
STREET ADDRESS 529 EAST RICH AVENUE
CITY-ST-ZIP DELAND, FL 32724**

**TITLE S
NAME PETKOV, VALDIMIR
STREET ADDRESS 308 S HAYDEN AVE
CITY-ST-ZIP DELAND, FL 32724**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DARREN MILLER VICE PRES. 3/28/07 386 666 0954