


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90343 033 ***150.00

DOCUMENT # P03000158504 1. Entity Name BIG APPLE HOLDINGS, INC.	
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Principal Place of Business 280 WEKIVA SPRINGS RD STE 201 LONGWOOD, FL 32779	Mailing Address 280 WEKIVA SPRING, RD, SUITE 205 LONGWOOD, FL 32779
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50040368



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4548374	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NEFF, JOHN P 175 CROWN POINT CIR LONGWOOD, FL 32779
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSEIM, WILLIAM 280 WEKIVA SPRING, RD, SUITE 205 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JABLON, MARC 280 WEKIVA SPRING, RD, SUITE 205 LONGWOOD, FL 32779 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S i D Peggy Kimball 2853 Charmant Dr. Apopka, FL 32703 <i>Add</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Neff 175 Crown Point Cir. Longwood, FL 32779 <i>Add</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Wilson 4765 Estero Blvd. Fort Myers, FL 33931 <i>Add</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Greg Maguire 991 Feather Dr. Deltona, FL 32725 <i>Add</i>

**DO NOT WRITE
IN THIS SPACE**

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: GREG MAGUIRE, PRESIDENT 3/28/05 321-322-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #