2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/16/2005-90041-017-$150.00-$150.00

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05 SEP 29 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts SEP 30 2005

08052005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000004553

1. Entity Name
BIG BUCKS MARKETING CORP.

Principal Place of Business	Mailing Address
807 CATHERINE KEY WEST, FL 33040	PO BOX 6256 KEY WEST, FL 33145

2. Principal Place of Business	3. Mailing Address
807 CATHERINE ST	807 CATHERINE ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEY WEST, FL	City & State: KEY WEST, FL.
Zip: 33040 Country: U.S.A.	Zip: 33040 Country: U.S.A.

4. FEI Number: 20-0557850 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.~~
~~1840 SW 22ND ST.~~
~~4TH FLOOR~~
~~MIAMI, FL 33145~~

7. Name and Address of New Registered Agent

Name: ROBERT HOPCRAFT
Street Address (P.O. Box Number is Not Acceptable): 807 CATHERINE ST.
City: KEY WEST FL Zip Code: 33040

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: ROBERT HOPCRAFT [signature] DATE: 8/8/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD HOPCRAFT, ROBERT 807 CATHERINE KEY WEST, FL 33040 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900006021239 10/04/05--01046--012 **408.75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] ROBERT HOPCRAFT 8/10/05 305-295-9501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #