2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000052203

1. Entity Name
BIG BUGGIES, INC.

Principal Place of Business	Mailing Address
11460 HEARTHSIDE DRIVE PINCKNEY, MI 48169	10820 FORREST RUN DRIVE BRADENTON, FL 34211

DO NOT WRITE IN THIS SPACE

04252008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2657811	Not Applicable

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

6. Name and Address of Current Registered Agent

WOMELDORPH, HOWARD R JR
7648 LOCKWOOD RIDGE ROAD
SARASOTA, FL 34243

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, 2008 Fee will be $550.00

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

U000000934051
05/23/08-80016-018 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	CAPALDI, MARK
STREET ADDRESS	11460 HEARTHSIDE DRIVE
CITY-ST-ZIP	PINCKNEY, MI 48169

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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NAME	
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CITY-ST-ZIP	

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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: _____   4/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #