

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000074395

FILED
Jan 11, 2006
Secretary of State

Entity Name: BIG FIN MEDIA INC.

Current Principal Place of Business:

4826 SW 20TH PLACE
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

1110 SW 28TH STREET
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTWICH, JUERGEN
1110 SW 28TH STREET
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: BUERLING, JEANETTE
Address: 4826 SW 20TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: VS () Delete
Name: GROSSMAN, DAMON
Address: 4826 SW 20TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: BUERLING, JEANETTE
Address: 22035 DE LA GUERRA STREET
City-St-Zip: WOODLANDS HILL, CA 91364

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNETTE BUERLING

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01/11/2006

Electronic Signature of Signing Officer or Director

_____ Date