Jul 19, 2007 8:00 am Secretary of State 2007 FOR PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # P05000075251** 07-19-2007 90024 047 ***150 00 1. Entity Name BIG TIME ART GUY, INC. Principal Place of Business Mailing Address 11144 TIVERTON COURT 11144 TIVERTON COURT JACKSONVILLE, FL 32246 JACKSONVILLE, FL 32246 CR2E034 (11/05) No Chg-P 07102007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 27-0127821 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent JONES, CAMERON DO NOT WRITE 11144 TIVERTON COURT 15521 Bream Road JACKSONVILLE, FL 82246 32226 IN THIS SPACE 8. The above named entity submits this state of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 10. OFFICERS AND DIRECTORS TITLE P/D JONES, KEITH NAME 11144 TIVERTON COURT 15521 Bream Road STREET ADDRESS JACKSONVILLE, FL 32240 ろみつん CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/8/ Daytime Phone M

FILED