

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092901

Entity Name: BIGGER BAGS, INC.

FILED
Apr 19, 2007
Secretary of State

Current Principal Place of Business:

4071 PRAIRIE VIEW DR N
SARASOTA, FL 34232

New Principal Place of Business:

5371 VILLAGE MARKET
WESLEY CHAPEL, FL 33543

Current Mailing Address:

4071 PRAIRIE VIEW DR N
SARASOTA, FL 34232

New Mailing Address:

5450 BRUCE B DOWNS BLVD
222
WESLEY CHAPEL, FL 33543

FEI Number: 20-3074508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, MICHAEL L
5702 CLARK ROAD
SARASOTA, FL 34233 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: PD () Delete
Name: DRAMIS, LOUIS A
Address: 4071 PRAIRIE VIEW DR N
City-St-Zip: SARASOTA, FL 34232

Title: STD () Delete
Name: DRAMIS, TINA M
Address: 4071 PRAIRIE VIEW DR N
City-St-Zip: SARASOTA, FL 34232

Title: VD () Delete
Name: DRAMIS, MICHAEL V
Address: 4604 BUSTI DR
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DRAMIS, LOUIS A
Address: 4130 FOX RIDGE BLVD
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: STD (X) Change () Addition
Name: DRAMIS, TINA M
Address: 4130 FOX RIDGE BLVD
City-St-Zip: WESLEY CHAPEL, FL 33543

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: LOUIS A. DRAMIS

PD

04/19/2007

Electronic Signature of Signing Officer or Director

Date