


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90039 021 \*\*\*150.00

<b>DOCUMENT # P05000092901</b> 1. Entity Name <b>BIGGER BAGS, INC.</b>					
Principal Place of Business <b>5371 VILLAGE MARKET WESLEY CHAPEL, FL 33543</b>			Mailing Address <b>5450 BRUCE B DOWNS BLVD 222 WESLEY CHAPEL, FL 33543</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		4. FEI Number <b>20-3074508</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BAKER, MICHAEL L 5702 CLARK ROAD SARASOTA, FL 34233</b>			Name <b>LOUIS DRAMIS</b> Street Address <b>4130 FOX RIDGE BLVD</b> City <b>WESLEY CHAPEL</b> <b>FL</b> Zip Code <b>33543</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	<b>PD DRAMIS, LOUIS A 4130 FOX RIDGE BLVD WESLEY CHAPEL, FL 33543</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD DRAMIS, TINA M 4130 FOX RIDGE BLVD WESLEY CHAPEL, FL 33543</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DRAMIS, MICHAEL V 4604 BUSTI DR SARASOTA, FL 34231</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: _____		<b>LOUIS DRAMIS</b> <b>PRESIDENT</b>		Date <b>4/16/08</b> Daytime Phone # <b>813-973-2000</b>	