

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 22 AM 9:01

DOCUMENT # P06000102164 1. Entity Name BIG BROTHERS ENTERPRISES, INC.		
Principal Place of Business 7501 SUNKEY BLVD 2524 WINTER PARK, FL 32792 US		Mailing Address 7501 SUNKEY BLVD 2524 WINTER PARK, FL 32792 US
2. Principal Place of Business No P.O. Box <i>10031 Winder Tr</i>		3. Mailing Address <i>10031 Winder Tr</i>
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -
City & State <i>Orlando, FL</i>		City & State <i>Orlando, FL</i>
Zip <i>32817</i>		Zip <i>32817</i>
Country -		Country -
4. FEI Number 20-5360696		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NOVELLA, MARIO 7501 SUNKEY BLVD 2524 WINTER PARK, FL 32792		7. Name and Address of New Registered Agent Name <i>Mario Novella</i> Street Address (P.O. Box Number is Not Acceptable) <i>10031 Winder Tr</i> City <i>Orlando</i> FL Zip Code <i>32817</i>
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>3/6/08</i>
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T <input type="checkbox"/> Delete NOVELLA, MARIO 7501 SUNKEY BLVD APT 2524 WINTER PARK, FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S <input type="checkbox"/> Delete NOVELLA, ROLANDO 7501 SUNKEY BLVD APT 2528 WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Novella, Mario</i> <i>10031 Winder Tr</i> <i>Orlando, FL 32817</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100125038591 04/22/08--01019--018 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 07-08
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>B4/23/08</i>
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>3/6/08</i>
Daytime Phone #		Daytime Phone #