


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000084447</b>		
1. Entity Name IT'S NO BIG DEAL, INC.		

Principal Place of Business 835 N. BEACH STREET DAYTONA BEACH, FL 32114	Mailing Address 835 N. BEACH STREET DAYTONA BEACH, FL 32114
---	---

**DO NOT WRITE IN THIS SPACE**

08232004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3454951	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  AMSALEM, JACQUELINE 144 PALM SPARROW CT DAYTONA BEACH, FL 32119	
--	--

**DO NOT WRITE  
IN THIS SPACE**

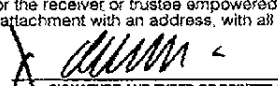
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP AMSALEM, AMNON 144 PALM SPARROW CT DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS AMSALEM, JACQUELINE 144 PALM SPARROW CT DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000170961  
08/26/04-80004-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>AMNON AMSALEM</b>	08/23/2004 32-2520348
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>