


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90039 041 \*\*\*150.00

<b>DOCUMENT # P99000107838</b>	
1. Entity Name <b>BIG CHEESE FUNDRAISING, INC.</b>	

Principal Place of Business <b>1225 NE 9 AVE. FORT LAUDERDALE FL 33304</b>	Mailing Address <b>3325 NE 39TH ST FORT LAUDERDALE FL 33308</b>
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2. Principal Place of Business <b>1023 NE 46 Ct.</b>	3. Mailing Address <b>1023 NE 46 Ct.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>OAKLAND PARK FL</b>	City & State <b>OAKLAND PARK, FL</b>
County <b>DADE</b>	County <b>DADE</b>
Zip <b>33304</b>	Zip <b>33334</b>

40000410



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent <b>MERRITT, JOSEPH 3325 NE 39TH ST FORT LAUDERDALE FL 33308</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 the registered agent. <b>SIGNATURE</b> <i>J.E. Merritt</i> <b>J.E. MERRITT</b> <b>PRESIDENT</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MERRITT, JOSEPH</b> <b>3325 NE 39TH ST</b> <b>FORT LAUDERDALE FL 33308</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRUNI, MARILYN B</b> <b>3325 NE 39TH ST</b> <b>FORT LAUDERDALE FL 33308</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
<b>SIGNATURE:</b> <i>J.E. Merritt</i> <b>J.E. MERRITT</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>3-21-05</b> Daytime Phone # <b>5636281</b>