


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90464 005 \*\*\*150.00

<b>DOCUMENT # P01000040862</b> 1. Entity Name <b>BADA BOINK, INC.</b>					
Principal Place of Business <b>20320 GRANDE OAK SPAPES BLVD. ESTERO, FL 33928 SHOPPES</b>			Mailing Address <b>5215 OLD GALLOWES WAY NAPLES, FL 34105</b>		
2. Principal Place of Business <i>20320 Grande Oak</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc. <i>Shoppes Blvd</i>		Suite, Apt. #, etc. <i>Same</i>			
City & State		City & State		4. FEI Number <b>30-0054530</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>D'AGOSTINO, LOUIS D 821 FIFTH AVENUE SOUTH, STE 201 NAPLES, FL 34102</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 registered agent. SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>D'AGOSTINO, FRANK</b> <b>5215 OLD GALLOWES WAY</b> <b>NAPLES, FL 34105</b> <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	<b>P</b> <b>D'AGOSTINO, DOMENIC</b> <b>5215 OLD GALLOWES WAY</b> <b>NAPLES, FL 34105</b> <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	<b>VP</b> <b>D'AGOSTINO, JOHN</b> <b>5215 OLD GALLOWES WAY</b> <b>NAPLES, FL 34105</b> <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	<b>T</b> <b>D'AGOSTINO, MARIO</b> <b>750 MOORING LINE DR.</b> <b>NAPLES, FL 34102</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>539 Rudder Rd.</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>D'AGOSTINO, ANNE</b> <b>5215 OLD GALLOWES WAY</b> <b>NAPLES, FL 34105</b> <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: <i>Anne D'Agostino</i> Anne D'Agostino</b> <b>4/30/04</b> <b>2394034070</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					