

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040862

Entity Name: BADA BOINK, INC.

FILED  
Jan 27, 2009  
Secretary of State

## Current Principal Place of Business:

20320 GRANDE OAK SHOPPES BLVD.  
ESTERO, FL 33928

## New Principal Place of Business:

## Current Mailing Address:

5215 OLD GALLOWS WAY  
NAPLES, FL 34105

## New Mailing Address:

FEI Number: 30-0054530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

D'AGOSTINO, LOUIS D  
821 FIFTH AVENUE SOUTH, STE 201  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: D'AGOSTINO, FRANK  
Address: 5215 OLD GALLOWS WAY  
City-St-Zip: NAPLES, FL 34105

Title: P ( ) Delete  
Name: D'AGOSTINO, DOMENIC  
Address: 5215 OLD GALLOWS WAY  
City-St-Zip: NAPLES, FL 34105

Title: VP ( ) Delete  
Name: D'AGOSTINO, JOHN  
Address: 7834 GARDNER DR #201  
City-St-Zip: NAPLES, FL 34109

Title: T ( ) Delete  
Name: D'AGOSTINO, MARIO  
Address: 2215 HAWKS RIDGE DR #803  
City-St-Zip: NAPLES, FL 34105

Title: S ( ) Delete  
Name: D'AGOSTINO, ANNE  
Address: 5215 OLD GALLOWS WAY  
City-St-Zip: NAPLES, FL 34105

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE D'AGOSTINO

S

01/27/2009

Electronic Signature of Signing Officer or Director

Date