

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000119240

1. Entity Name
KAT BADACOUR INC.



**FILED
Mar 09, 2006 8:00 am
Secretary of State**

03-09-2006 90163 003 ***150.00

40027624



01272006 Chg-P CR2E034 (11/05)

Principal Place of Business
665 SE 10TH STREET
SUITE 201
DEERFIELD BEACH, FL 33441

Mailing Address

Principal Place of Business
2711 S. Ocean Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Highland Beach FL
Zip 33387 County US

City & State

Zip

Country

4. FEI Number
03-0650840

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DICRESCENZO, ANGELA
3170 N FEDERAL HWY 103-H
SUITE 103C
LIGHTHOUSE POINT, FL 33064

Name

Street Address (P.O. Box Number is Not Acceptable)

1005 SE 10TH ST

201

Highland Beach

FL

Zip 33441

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

Angela Badacour

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restating)

DATE
1/26/2006

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BADACOUR, KATHLEEN 2711 S OCEAN BLVD #1 HIGHLAND BEACH, FL 33387	<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	D THURMAN, TODD 2711 S OCEAN BLVD #1 HIGHLAND BEACH, FL 33387	<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
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 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.

2/27/06

Date

Daytime Phone #

SIGNATURE: *Todd M*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR