## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000115997

1. Entity Name BA-BI-DA, INC.

Principal Place of Business

3055 RIVIERA DRIVE #203 NAPLES, FL 34103 Mailing Address

3055 RIVIERA DRIVE #203 NAPLES, FL 34103 FILED Apr 13, 2007 08:00 AM Secretary of State

Applied For



DO NOT WRITE IN THIS SPACE

04032007 No Chg-P CR2E034 (11/05)

20-3367071		Not Applicable
i. Certificate of Status Desired	\$8.75	Additional

6. Name and Address of Current Registered Agent

RUSCIO, BARBARA A 3055 RIVIERA DRIVE #203 NAPLES, FL 34103

## DO NOT WRITE IN THIS SPACE

4. FEI Number

NAPLES,	IN 7			THIS SPACE	
	named entity submits this statement for the pations of registered agent.	surpose of changing its register	ed office or re	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registere	d Agent signaturs	required when reinstating)	DATE
	.E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		* * * * * * * * * * * * * * * * * * * *	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUSCIO, BARBARA A 3055 RIVIERA DRIVE #203 NAPLES, FL 34103				\$400000004550
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ъ.	U00000704552 04/23/07-80015-020 150.0
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TITLE NAME STREET ADDRESS CIFY-S1-2iP					THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP			<b>1</b>		
TITLE		· ·			

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 art address, with all other like empowered.

**SIGNATURE** 

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTO

4-10-2007