

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000118921

FILED
Feb 26, 2011
Secretary of State

Entity Name: BDAC ASSOCIATES INC.

Current Principal Place of Business:

9255 US HWY 1
SEBASTIAN, FL 32958

New Principal Place of Business:

9255 US HWY 1
SEBASTIAN, FL 32958 US

Current Mailing Address:

9255 US HWY 1
SEBASTIAN, FL 32958

New Mailing Address:

9255 US HWY 1
SEBASTIAN, FL 32958 US

FEI Number: 47-0951496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENTE, BRIAN
9255 US HWY 1
SEBASTIAN, FL 32958 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

OFFICERS AND DIRECTORS:

Title: PTSD
Name: CLEMENTE, BRIAN
Address: 130 LAKEVIEW WAY
City-St-Zip: VERO BEACH, FL 32963 US

Title: VPD
Name: CLEMENTE, ALIX
Address: 130 LAKEVIEW WAY
City-St-Zip: VERO BEACH, FL 32963 US

Title: PTSD
Name: CLEMENTE, BRIAN
Address: 130 LAKEVIEW WAY
City-St-Zip: VERO BEACH, FL 32963 US

Title: PTSD
Name: CLEMENTE, BRIAN
Address: 130 LAKEVIEW WAY
City-St-Zip: VERO BEACH, OT 32963 US

Title: PTSD
Name: CLEMENTE, BRIAN
Address: 130 LAKEVIEW WAY
City-St-Zip: VERO BEACH, OT 32963 US

Title: PTSD
Name: CLEMENTE, BRIAN
Address: 130 LAKEVIEW WAY
City-St-Zip: VERO BEACH, OT 32963 US

I hereby 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 all other like empowered.

SIGNATURE: BRIAN CLEMENTE

PTSD

02/26/2011

Electronic Signature of Signing Officer or Director

Date