## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000031958  1. Entity Name BADBOY COMPUTERS, INC.								
Principal Place of Business 2430 S. VOLUSIA AVE ORANGE CITY, FL 32763		2	alling Address 1430 S. VOLUSIA AVE DRANGE CITY, FL 32763		# 1 <b>##</b> 33 <b>##</b> 3 31			(1884   1880 <b>  1</b> 884   1885   1886   1886   1886   1886   1886   1886   1886   1886   1886   1886   1886   1886
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent					07032007 No Chg-P CR2E034 (11/05)  4. FEI Number			
HUBBES, ROBERT J 2430 S. VOLUSIA AVE ORANGE CITY, FL 32763				DO NOT WRITE IN THIS SPACE				
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  Signature, typed or printed name of registeried agent and two if applicable. (NOTE, Registered Agent signature required when remeating)  DATE.								
FILE NOW!!! FEE IS \$150.00  Due by September 14, 2007  9. Election Campaign Finan Trust Fund Contribution.					5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OF PTVD HUBBES, ROBERT . 1155 E FRENCH AVI ORANGE CITY, FL .	E	ČTČRS	-		U000( 07/10/0	00767405 7-80003-0	17 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE						
TITLE NAME STREET AGORESS CITY-ST-ZP				•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
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.  SIGNATURE:  **SIGNATURE**  **SIGNATURE**  **Authors**  **Au								
	SIGNATURE	AND TYPED OR PRINTE	D NAME OF SIGNING OFFICER OR DIREC	TOR		Date	Daytime Ph	Xie #