

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003361

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: ALDF PROPERTIES, INC.

## Current Principal Place of Business:

1912-A LEE ROAD  
ORLANDO, FL 32810

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 547859  
ORLANDO, FL 328547859 US

## New Mailing Address:

FEI Number: 59-3583299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCDANIEL, MICHAEL R  
1912-A LEE ROAD  
ORLANDO, FL 32810 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: O ( ) Delete  
Name: SPECK, MICHAEL  
Address: PO BOX 547859  
City-St-Zip: ORLANDO, FL 328547859

Title: D ( ) Delete  
Name: MCDANIEL, MICHAEL R  
Address: P.O. BOX 547859  
City-St-Zip: ORLANDO, FL 328547859

Title: D ( ) Delete  
Name: POST, HORACE W  
Address: PO BOX 547859  
City-St-Zip: ORLANDO, FL 328547859

Title: O ( ) Delete  
Name: MULLENIX, GERALD I  
Address: PO BOX 547859  
City-St-Zip: ORLANDO, FL 328547859

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: MARTEL, PAUL W  
Address: PO BOX 547859  
City-St-Zip: ORLANDO, FL 328547859

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MCDANIEL

D

01/29/2009

Electronic Signature of Signing Officer or Director

Date