

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000015512

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: ALDA & ASSOCIATES INTERNATIONAL, INC.

**Current Principal Place of Business:**

15977 BRIER CREEK DR  
STE 100  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

2300 NW CORPORATE BLVD.  
SUITE 123  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 65-1076716      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAW OFFICE OF JEFFREY L. GREENBERG, P.A.  
4800 N FEDERAL HWY, STE 304D  
BOCA RATON, FL 33431 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: FATER, DAVID H  
Address: 15977 BRIER CREEK DR  
City-St-Zip: DELRAY BEACH, FL 33446

Title: COO ( ) Delete  
Name: COHEN, RICHARD M  
Address: 15077 BRIER CREEK DR., STE. 100  
City-St-Zip: DELRAY BEACH, FL 33446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

SIGNATURE: DAVID H. FATER

MR.

03/23/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date