2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2009
Secretary of State

DOCUMENT# P05000080388

Entity Name: ADALDA UNLIMITED CORP.

Current Principal Place of Business:

165 SABAL PALM DR.
STE 111
LONGWOOD, FL 32779 US

New Principal Place of Business:

474 LONGMEADOW LANE
LONGWOOD, FL 32779 US

Current Mailing Address:

165 SABAL PALM DR.
STE 111
LONGWOOD, FL 32779 US

New Mailing Address:

474 LONGMEADOW LANE.
LONGWOOD, FL 32779 US

FEI Number: 20-2940665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THINK TONER AND INK
3030 EAST SEMORAN BLVD
SUITE 184
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

THINK TONER AND INK
474 LONGMEADOW LANE
LONGWOOD, FL 32779 US

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: 05/22/2009
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STEINFELD, MARLENE
Address: 474 LONGMEADOW LANE
City-St-Zip: LONGWOOD, FL 32779 US

Title: VD ( ) Delete
Name: MARGOT, HARRIET
Address: 552 TWISTING PINE CT
City-St-Zip: LONGWOOD, FL 32779 US

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: MARLENE STEINFELD PD 05/22/2009
Electronic Signature of Signing Officer or Director — Date