

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000093704

Entity Name: ALDROSTAR, INC

FILED  
Jan 08, 2009  
Secretary of State

**Current Principal Place of Business:**

1612 KILWINNING CT  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**  
1612 KILWINNING CT  
PALM HARBOR, FL 34684

**New Mailing Address:**

FEI Number: 26-3442146      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DVORAK, CHARLES  
1612 KILWINNING CT  
PALM HARBOR, FL 34684    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: P ( ) Delete  
Name: DVORAK, CHARLES F PHD  
Address: 1612 KILWINNING CT  
City-St-Zip: PALM HARBOR, FL 34684

Title: T ( ) Delete  
Name: DVORAK, DOREEN E  
Address: 1612 KILWINNING CT  
City-St-Zip: PALM HARBOR, FL 34684

Title: S ( ) Delete  
Name: DVORAK, ALISON E  
Address: 18 PUTNAM RD  
City-St-Zip: DAYVILLE, CT 06241

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

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

Title: VP (X) Change ( ) Addition  
Name: DVORAK, DOREEN E  
Address: 1612 KILWINNING CT  
City-St-Zip: PALM HARBOR, FL 34684

Title: S/T (X) Change ( ) Addition  
Name: DVORAK, ALISON E  
Address: 18 PUTNAM RD  
City-St-Zip: DAYVILLE, CT 06241

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: CHARLES F. DVORAK

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date