

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P93000079580

Entity Name: ALD II, INC.

**FILED**  
**Aug 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4020 SAXON DRIVE  
NEW SMYRNA BEACH, FL 32168 US

**New Principal Place of Business:**

4020 SAXON DRIVE  
NEW SMYRNA BEACH, FL 32169 US

**Current Mailing Address:**

PO BOX 1747  
ORLANDO, FL 32802 US

**New Mailing Address:**

PO BOX 846  
NEW SMYRNA BEACH, FL 32170 US

FEI Number: 59-3226026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BURDEN, GARY A  
1220 COMMERCE PARK DR  
203  
LONGWOOD, FL 32779 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: P  
Name: BURDEN, GARY A  
Address: 4020 SAXON DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S  
Name: BURDEN, NICHOLAS  
Address: 1507 S HIAWASSEE ROAD STE 211  
City-St-Zip: ORLANDO, FL 32835

I hereby 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 all other like empowered.

SIGNATURE: GARY A BURDEN

P

08/06/2012

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

\_\_\_\_\_  
Date