


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90177 029 ***150.00

DOCUMENT # F9700000713

1. Entity Name
AIR TRANSAT A.T. INC.



Principal Place of Business Mailing Address

**5959, BOULEVARD DE LA COTE-VERTU OUEST
MONTREAL QUEBEC, H4S -2E6 CA** **5959, BOULEVARD DE LA COTE-VERTU OUEST
MONTREAL QUEBEC, H4S -2E6 CA**

50035822

2. Principal Place of Business 3. Mailing Address

5959 Cote-Vertu Blvd **5959 Cote-Vertu Blvd**

Suite, Apt. #, etc. Suite, Apt. #, etc.



City & State City & State

Zip Country Zip Country

03302005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

NOT APPLICABLE Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROY, CELINE
300 TERMINAL DRIVE #54
FORT LAUDERDALE, FL 33315**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

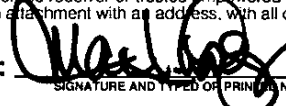
10. OFFICERS AND DIRECTORS

TITLE	OS	<input type="checkbox"/> Delete
NAME	LONGPRE, MARTIN	
STREET ADDRESS	59, HILLCREST	
CITY-ST-ZIP	POINTE-CLAIRE, QUEBEC, CA h9s 5e6	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUREAU, PHILIPPE	
STREET ADDRESS	12, PAGNUELO STREET	
CITY-ST-ZIP	MONTREAL, QUEBEC, CA h2v 3b9	
TITLE	-VD	<input type="checkbox"/> Delete
NAME	PETRIN, DENIS	
STREET ADDRESS	32, DE MAINTENON 52, de Servando	
CITY-ST-ZIP	BLAINVILLE, QUEBEC, CA J7B1M6	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRAHAM, ALLEN B	
STREET ADDRESS	40 HUDSON CLUB	
CITY-ST-ZIP	RIGAUD, QUEBEC, CANADA, j0p 1p0	
TITLE	OAS	<input type="checkbox"/> Delete
NAME	GAUTREAU, LINDA	
STREET ADDRESS	197, KENSINGTON	
CITY-ST-ZIP	BEACONSFIELD, QUEBEC, CA h9w 2j5	
TITLE	V	<input type="checkbox"/> Delete
NAME	COTE, JEAN	
STREET ADDRESS	156 DE GAULLE	
CITY-ST-ZIP	LORRAINE, QC, CANADA, j6z3z3	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DiLollo, Michael	
STREET ADDRESS	1841, Robinwood Pl	
CITY-ST-ZIP	Orleans, Ontario, K1C 6J3 CANADA	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ryan, Des	
STREET ADDRESS	3967, McDowell Drive	
CITY-ST-ZIP	Mississauga, Ontario L5M 6P5 CANADA	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greene, Gordon	
STREET ADDRESS	81 des Violettes	
CITY-ST-ZIP	Chateauguay, Quebec J6J 3T8 CANADA	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Viens, Suzanne	
STREET ADDRESS	4517 ave. Hotel de Ville	
CITY-ST-ZIP	Montreal, Quebec H2T 2A8 CANADA	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lavoie, Simon	
STREET ADDRESS	228, Place du Rivage	
CITY-ST-ZIP	Boisdes Filions, Quebec J6Z 4V2 CANADA	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Date: **March 31, 2005** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR