


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90012 027 ***150.00

DOCUMENT # F9700000713	
1. Entity Name AIR TRANSAT A.T. INC.	

Principal Place of Business 5959 COTE-VERTU BLVD MONTREAL INT'L AIRPORT MONTREAL QUEBEC, H4S -2E6	Mailing Address 5959 COTE-VERTU BLVD MONTREAL INT'L AIRPORT MONTREAL QUEBEC, H4S -2E6
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02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS LONGPRE, MARTIN 59, HILLCREST POINTE-CLAIRE, QUEBEC, CA h9s 5e6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUREAU, PHILIPPE 12, PAGNUELO STREET MONTREAL, QUEBEC, CA h2v 3b9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETRIN, DENIS 32, DE MAINTENON BLAINVILLE, QUEBEC, CA J7B1M6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAHAM, ALLEN B 40 HUDSON CLUB RIGAUD, QUEBEC, CANADA, j0p 1p0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OAS GAUTREAU, LINDA 197, KENSINGTON BEACONSFIELD, QUEBEC, CA h9w 2j5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COTE, JEAN 156 DE GAULLE LORRAINE, QC, CANADA, j6z3z3

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **16 FEB. 2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #