

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90067 041 ***150.00



DOCUMENT # F97000000713
 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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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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1st MOORE CR2E034 (10/06)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. **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 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUREAU, PHILIPPE 12, PAGNUELO STREET MONTREAL, QUEBEC CA h2v- 3b9 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PETRIN, DENIS 32, DE MAINTENON BLAINVILLE, QUEBEC CA J7B1M-6 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRAHAM, ALLEN B 40 HUDSON CLUB RIGAUD, QUEBEC, CANADA j0p- 1p0 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OAS GAUTREAU, LINDA 197, KENSINGTON BEACONSFIELD, QUEBEC CA h9w- 2j5 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COTE, JEAN 156 DE GAULLE LORRAINE, QC, CANADA j6-z3z3 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 FEB. 2007

Date Daytime Phone #